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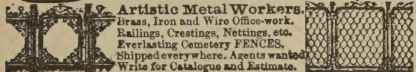
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The Times and Register.

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PUERPERAL ECLAMPSIA, WITH SPECIAL REFERENCE TO ITS CAUSE AND TREATMENT.

By A. C. DAVIDSON, M. D.,
SHARON, GEO.

PUERPERAL eclampsia is that form of eclampsia or convulsive seizure which occurs in the puerperal subject during the later months of pregnancy, during labor, or in the puerperium; and is always accompanied by more or less albuminuria.

Its frequency is said to be about one in five hundred labors. I am inclined to believe, however, that it occurs much more frequently. I have known eight cases to occur in six hundred labors.

The aggregation of reports by our best obstetrical authorities attest that about 22 per cent. of all cases occur during the later months of pregnancy, about 53 per cent. during labor, and the rest—about 25 per cent.—during the first two days after the completion of labor.

Of the six genuine cases which I have seen and treated, one occurred during the eighth month of gestation, two during labor, and three after the completion of

labor; one during the first and two during the second day of the puerperium.

Two other cases of convulsions occurring during the first two days after the completion of labor have been seen and treated by the writer, but both were excluded, nosologically, because no albumen could be found in their urine by the most approved chemical test.

Our knowledge of the nature and pathogeny of puerperal eclampsia is yet imperfect, and quite a number of ingenious theories have been proposed by obstetrical writers attempting to explain the various phenomena present.

I will not undertake in this communication to review every one of these various theories. There is one, however, which was proposed by Traube as an explanation of the cause of the convulsive seizures, which was endorsed and adopted by Rosenstein, and by other continental writers; and which has been accepted by quite a number of American obstetricians and obstetrical teachers; and is known as the Traube-Rosenstein theory, which I consider erroneous, viz.: That the convulsive seizures are due to acute anæmia of the brain brought about by mechanical compression of its blood vessels; and that this compression is due to watery effusion

into the brain; and that this watery effusion is the result of a hyper-hydræmic state of the blood, together with an exalted arterial pressure due to hypertrophy of the left heart.

I consider this theory incorrect because, first: I do not believe that anæmia of the brain can be produced by cerebral oedema. It is clear to my mind that transudation must cease when equilibrium between intra and extra vascular pressure has been reached. The pressure from without the arteries and arterioles being exactly antagonized by the pressure from within it is impossible that cerebral oedema could produce cerebral anæmia.

Again, second: Arguing *a posteriori*, the fact that blood-letting does, in a large per cent. of cases, relieve promptly the convulsive seizures is evidence sufficient to prove this hypothesis incorrect, because blood-letting tends always to augment and intensify both by aræmia and anæmia.

Now if any medical writer or teacher can show how disease of any kind can be relieved or cured by augmenting or intensifying the cause that produced it, then I am willing to contribute at least a modicum of credence to a theory that attempts to prove that all diseases are amenable to, and are curable by, administering the thing that would produce it.

It is a well known fact that hydræmia is physiological during the period of gestation in the human female, and, so far as we know, is not physiological in any other than the human female.

This is a wise provision of the allwise Creator.

In all quadrupeds, during the period of gestation, the gravid womb by its very gravidity, and by the natural law of gravity, is pulled away from the main organs of elimination and excretion, and does not in any way interfere with their full and free action.

Not so with the pregnant human female; but on the contrary, on account of her erect carriage, and by the same law of gravity, the womb, as it increases in size and weight, not only makes pressure downward toward the pelvic cavity thus interfering considerably with the physiological function of the organs therein contained, but made pressure more or

less in every direction up to a line drawn perpendicularly to the general contour of the trunk a few centimetres above the umbilicus, and, therefore, interferes more or less with the free and full action or function of any organ or vessel upon which or against which it may impinge.

It is in this way that the ureters are, in some cases, occluded to such a degree that water, and such substances as are perfectly soluble, and are completely dissolved in it, alone, can pass through them, leaving behind the grosser products of tissue metamorphosis.

The organs of elimination and excretion being thus interfered with in the performance of their natural and proper functions, it is but philosophical to expect that many excrementitious substances are retained in the system.

Some of these excrementitious substances which are retained in the blood undergo certain chemical changes, and that which was once a comparatively harmless substance becomes an irritant poison. How wise then it is that these irritating poisons should be, by means of hydræmia, diluted to the fullest capacity of the system.

Hence, hydræmia is physiological in the pregnant—erect—human female.

This brings us to the consideration of what we believe to be the real cause of puerperal eclampsia, viz.: Acute cerebral and spinal hyperæmia, produced by acute cerebral and spinal irritation.

Our old time pathologists taught us that wherever there is an irritation there is also a flow. This old time maxim has never yet been disproved.

The retention and accumulation of excrementitious substances, such as urinary salts, the urea, and other products of tissue metamorphosis, in the blood by interrupted renal function, if they undergo no chemical changes, are, of themselves, sufficient to produce cerebral and spinal irritation to a marked degree.

The flow of blood in unusual quantities to a point of irritation is always intended by nature to be remedial; but in this instance the source of irritation is borne along with, and in, the current of, the remedial agent, and is conveyed to, and is deposited at, the point or

points of special irritation ; thus tending to excite still greater irritation, and, in consequence thereof, a still greater flow.

This morbid process continues to go on, unless interrupted by suitable measures, until the explosion comes.

But nature is conservative, and its physiological mechanism is founded in wisdom. That irritant which it can not remove by rapid elimination, nor weaken by great dilution, it undertakes to neutralize by a suitable antidote.

That morbid condition known as uræmia is always present in true puerperal eclampsia. Wherever there is uræmia there is albuminuria. Wherever there is puerperal eclampsia there is albuminuria. Wherever there is puerperal eclampsia there is uræmia.

The converse of these propositions is not always true. I have seen cases of uræmia where there was no convulsions, but there was albuminuria and coma. I have seen cases of albuminuria without coma or convulsions. I have seen cases of albuminuria without uræmia, coma or convulsions.

While albuminuria exists in quite a number of pregnant females who go on to full term, and who complete parturition and pass through the puerperium without any symptoms of uræmia, or convulsions, or coma, it does not disprove the fact that where puerperal convulsions occur albuminuria is always present.

Indeed, I believe that albuminuria is present in all cases that result in eclampsia, not as a cause, nor as a result, but as a remedial agent.

Albumen is a neutralizer of quite a number of irritant poisons ; therefore, when elimination is obstructed so that it cannot remove, and dilution by means of hydræmia is insufficient to weaken, the source of irritation, albumen is produced in nature's wonderful laboratory in extra-physiological quantities as nature's natural antidote for the poisonous irritant.

Hyper-albuminosis exists not only in puerperal eclampsia, but in any morbid condition which is the direct result of interrupted renal function, whether the interruption is due to organic disease of the kidneys or to other causes.

Hence, we find it in acute and chronic desquamative nephritis ; because here we have the blocking up of the tubes by desquamation of epithelial gland cells, the obstruction of renal circulation, congestion of the kidneys, etc. These conditions result, sooner or later, in uræmia or ammoniæmia, and as we have seen, nature resorts to hyper-albuminosis both as an antidote to the toxæmia present, and as emollient to the inflamed and congested kidneys.

Hence, we see why albuminuria, which is a result of hyper-albuminosis, exists in quite a number of pregnant females who go on to full term, pass through labor, and complete the puerperium safely.

Here we have an apt illustration of the *modus operandi* of *vis medicatrix naturæ*.

With regard to the symptoms of puerperal eclampsia it is needless to say much. The very name indicates the symptoms, and they are nearly all referable to the nervous system. Headache, nausea, vomiting, stupor, oppression of breathing, irregular action of the heart, impairment of vision and coma, are the usual symptoms that immediately precede, co-exist with, and immediately follow the eclamptic seizures.

Convulsions are, as a matter of course, the most common and the most severe symptom. These resemble very closely the convulsions of epilepsy, and continue from a few seconds to several minutes.

In one very severe case, in which the woman was having convulsions for more than thirty-six hours, I saw one convulsion continue more than sixteen minutes. Tarnier records a case that lasted twenty minutes by his watch.

I have seen one case in which amaurosis preceded for several days and followed, and continued for several weeks after the complete cessation of the eclamptic seizures. In another case, which I reported to this association in 1888, amaurosis continued in a more or less marked degree for several months after the convulsions, and other symptoms, had entirely disappeared.

The last case seen by the writer was followed by acute mania, which continued two days after the complete cessation of the eclamptic seizures. The patient was

a powerfully built woman, weighing about 170 pounds, and possessed of great physical strength. It took three and sometimes four strong men to control her. Her mania resembled mania a potu, and could readily have been mistaken for delirium tremens of the most violent type.

It has been my duty and pleasure to see and treat eight cases of puerperal eclampsia, six of which were genuine and two were spurious, as stated in the beginning of this paper, all of which ended in recovery. Four of these cases I reported in full in my communication to this body in 1888. In that report I gave treatment in full without comment.

By reference to that report it will be seen that in two cases blood-letting was resorted to; in one of which it alone was sufficient to control the convulsions; in the others it was not.

I refer to this because blood-letting is a powerful means of averting immediate danger in puerperal convulsions, and is entirely rational and is always indicated, but need never be resorted to. We have a remedy that will always produce the same effect without the loss of one single drop of the life-giving fluid.

The bromides, chloral, chloroform, opium and its derivations, and other sedatives, are useful in allaying nervous irritabilities and excitabilities, and have their advocates who earnestly urge and warmly praise their use in the treatment of eclampsia. Thus, Prof. Loomis highly recommends morphine given hypodermically, and states that when used in this way its almost uniform effect is, first, to arrest muscular spasms; secondly, to establish profuse diaphoresis; and, thirdly, to facilitate the action of cathartics and diuretics.

The first of these propositions is eminently true; but so far as my observation extends, morphine, given in any way, whether by the mouth, or by hypodermic injection, or by vaginal or rectal suppository, tends, always, to retard even normal secretion, and to check elimination of all kinds, especially elimination of excrementitious substances from the blood by way of the kidneys.

Under the influence of morphine the intestines are rendered insensible to the natural stimulus of their contents; the

liver fails to perform its normal function, the urine is greatly lessened, if not entirely arrested, even if the kidneys are altogether healthy; secretion and exhalation is checked in every portion of the mucous membrane; the mouth and throat are dry, and thirst in many instances is almost intolerable. How morphine can facilitate the action of the cathartics and diuretics is an unsolved mystery to this writer. That morphine does not facilitate in any way the action of cathartics and diuretics is altogether untrue and absolutely impossible.

Nevertheless, morphine is indicated in the treatment of puerperal eclampsia from the very fact that it is a powerful myo-paralytic and possesses power to arrest muscular spasms. Chloroform possesses the same power and is far more prompt in its action. These two powerful agents, however, meet only one indication. They can only suspend, temporarily, the eclamptic seizures, but have no power to drive out from the system the cause that produced the seizures.

To rely on either alone or upon both together is unphilosophical and would jeopard both the welfare of the patient and the reputation of her physician.

In the treatment of puerperal eclampsia there are two indications to be met: The arrest and control of the convulsive seizures; and, at the same time, to remove promptly the immediate, and to facilitate and hasten the elimination of the remote cause or causes of these fearful seizures.

To meet both these indications there is no one remedy in our entire armamentarium medicorum that will in any way equal *veratrum viride*.

In it we have an agent that arrests promptly and controls effectually the turbulent spasms, and at the same time facilitates and hastens the elimination of the poisons that first gives rise to the exciting cause of these violent manifestations.

It effects the first of these indications by a bloodless depletion; thus removing the immediate cause, which, as we have shown, is cerebral and spinal hyperæmia.

It facilitates and hastens the elimination of the irritant poisons producing the hyperæmia by its remedial action upon the skin, the stomach, the kidneys, the

liver and bowels ; and by its salutary control over the action of the heart.

Under its influence the heart assumes its regular and normal and sometimes sub-normal action ; the skin opens up all its pores—diaphoresis is fully established ; vomiting is produced and continues, sometimes for the space of an hour or more, with short intermissions of rest ; alvine dejections occur ; urine is voided sometimes copiously ; and the liver pours out bile in extra physiological quantities, and continues to pour it out—we do not know how long—but so long as the vomiting continues.

This last proposition is fully altered by the fact that almost pure bile is found in considerable quantities, both in the matter vomited from the stomach and that discharged from the bowels. This I have verified by ocular observation and by approved chemical test.

With this remedy alone I have been able to control and cure at least one case, of post-partem puerperal eclampsia. This was fifteen years ago last November.

The case was that of a slenderly built, poorly nourished, white woman, who was confined with her first child the 23d of the said month.

She was attended by a retired, but very intelligent physician in the absence of the writer. Labor was uncomplicated and comparatively easy. Secretions and excretions were apparently normal.

Upon the forenoon of the 20th, nearly forty hours after the completion of labor, she was attacked with a severe chill which was followed by a very high fever in the afternoon.

It was near two o'clock P. M., of the same day when she was attacked with the first convulsion. I arrived at near three o'clock, at which time she had had several quite severe seizures.

Her face was much flushed ; breathing was hurried and somewhat labored ; pulse 142, full and strong ; temperature 105 ; respiration 42 to 50. She was semicomatose and was hard to arouse.

I gave her ten drops of Norwood's tincture of veratrum viride every twenty minutes until I had given four doses.

Soon after she had taken the second dose she had a mild convulsion. A little while after she had taken the fourth dose she vomited freely ; her bowels moved,

and the physiological effect of the drug prevailed to its fullest extent.

In a little more than one hour from the time she took the first dose her pulse had fallen from 142 to 56 per minute, and she was bathed in profuse, almost colligative, perspiration, with a sub-normal temperature. She had no more convulsions, and no more fever, until the morning of the 27th, when the fever returned again, and she was again seized with convulsions. I renewed the treatment by giving at once twenty drops of v. viride, per os, which promptly arrested the spasms, and she had no more.

I heard no more from patient in several days. When I did, I was informed that she had gotten along very well, and was able to be up a little. No other medicine was used in this case until the second series of convulsions had subsided.

I reported the above case, the week following, to my friend, the late Dr. H. F. Campbell, of Augusta. He was astonished at my temerity, as he called it, and asserted that he would have suffered the loss of his right arm rather than have given such treatment to one of his patients, but admitted that the end seemed to warrant the means.

As demonstrative of the great value of veratrum in the treatment of the puerperal eclampsia I will here narrate, briefly, the history of a typical case to which I was called as consultant in 1890.

Mrs. C., about 18 years of age, a primipara about completing the eighth month of gestation, awoke on the morning of the 30th of April, 1890, with an excruciating headache. While walking across her room about eight o'clock that morning, she was seized with a convulsion and fell to the floor. From that time onward for about sixteen hours she was utterly unconscious, and had, during that period of time, more than thirty convulsions of the severest type.

I was called to, and reached her bedside just before midnight.

Drs. C. S. Kendrick and L. R. Brown, two intelligent and accomplished physicians, had been constantly with her all day, and had given her the full benefit of her knowledge and skill as obtained from the standards, and from their own experience in obstetrical practice ; and

still the convulsions came on with uniform and aggravating regularity.

I found the woman in deep coma. Her eyes were wide open, and her pupils almost insensible to lamp light. Her face was much bloated and there was considerable cedema involving the whole of the lower limbs and lower extremities. Her bowels had not moved during the day nor had she voided her urine. Considerable fever existed but I did not take her temperature. Her pulse was 150, weak and small. Her respiration, which was of the Cheyne-Stokes variety, was irregular, loudly stertorous, and varying from 46 to 56 per minute.

I proposed the hypodermic use of veratrum. This proposition was readily accepted by both physicians, they really considering the case hopeless.

While I was preparing the medicine to be injected, she was seized with a fearful convulsion which continued fully six minutes. As soon as the muscular spasms had ceased I injected into her right arm, near the insertion of the deltoid, the following:

Norwood's tinc v. viride.
Pure glycerine . . . aa gtt. 16.
Distilled water gtt. 20.

For thirty minutes thereafter there was no appreciable effect. At the end of forty minutes her pulse was reduced to 120, and it was stronger and fuller. She began to vomit at the end of fifty minutes, and continued to vomit, off and on, for an hour and a half, at which time her pulse rate had been reduced to 36 per minute, and the pulse was full and regular, but soft and highly compressible. She was sweating profusely. Her bowels had moved several times, and her bladder had emptied itself of what appeared to be a considerable quantity of urine. The movements from the bowels and bladder were, like the vomiting, at first altogether involuntary.

She had no more convulsions; was entirely rational in less than three hours from the time the injection was made; and gave birth the following afternoon to what appeared to be a healthy, but not fully developed male child, with comparative ease and with perfect safety to both herself and her offspring.

Some observers have claimed that in some instances veratrum exerts no influ-

ence whatever, even after the administration of immense doses of the drug,

One observer* states that "it was used in one post-partum case to the amount of one ounce of Norwood's tincture in three hours but without the slightest effect."

In such an instance one of two things is absolutely certain: either the preparation used was spurious, or the stomach was in such a condition that the remedy used could not be absorbed by it. Such observations by no means prove the inefficacy of a given remedy.

In hæmaturial or hemorrhagic form of malarial fever it has been observed that quinine failed to produce any effect whatever until it was given hypodermically. The inference is plain.

Apomorphia has been suggested as a valuable remedy in the treatment of puerperal eclampsia because of its power to promptly evacuate the stomach of its contents. With its use I have no experience.

I have seen prompt emesis produced by ipecacuanha utterly fail to effect in any appreciable way the progress of the convulsions.

Pilocarpine has its advocates. Among them are those who stand eminent in the ranks of the profession. My experience with it has not been satisfactory.

Among the many remedies which have, at different times, been suggested and extolled on account of their efficacy and promptness, chloral stands prominently with the best, because of its power to produce anaesthesia, paralysis, and loss of reflex irritability. My old friend and preceptor, the late Dr. Joseph A. Eve, of Augusta, who stood right in the very front ranks of American obstetrical teachers, thought well of it, and recommended it highly as being one of the most powerful means at our hands for controlling the spasmodic seizures of puerperal eclampsia.

My experience with it has been quite satisfactory, and I esteem it second only to that which I consider the best of all remedies in the treatment of this fearful malady, viz: Norwood's tincture of veratrum viride.

*Dr. Eggleston, in Archives of Gynæcology, Obstetrics and Pædiatrics. May, 1887.

As I have before stated, in the treatment of this disease there are two indications to be met. The arrest and control of the eclamptic seizure; and, at the same time, to remove promptly the immediate, and to facilitate and hasten the elimination of the remote cause or causes of these seizures.

I have also stated that we have in *veratrum viride* a remedy that does both.

Nevertheless, lest in any way, this one remedy should possibly be insufficient to effect fully the second of these indications, it is my plan to give calomel as soon as my patient can be made to take it.

I prefer calomel to any other cathartic because of its decided action upon all the glands of the system, arousing them, and exciting and urging them on to a full performance of their every function.

It is easily given by floating it on water in a spoon.

It is best to give in this way eight or ten grains every two hours until it moves freely. If this should not occur in four or five hours after the third dose has been given, then a dose of croton oil, mixed with twenty grains of common cooking soda in a tablespoonful of sweet milk, should be given.

Under the influence of calomel I have known free diuresis as well as free catharsis to result.

I do not believe that it is necessary to bring about premature labor in order to save the life of a woman who is threatened with eclampsia. I do not believe that it is necessary to bring about premature delivery to save the life of a woman who is having puerperal convulsions. This I have demonstrated in two cases; one a primipara in the eighth month of gestation, and the other in the ninth month of gestation with her seventh child. Both these cases were typical ones and exceeding severe.

In both cases the convulsions were successfully controlled, and both the women were cured, and their offspring were saved.

I have recently brought a woman safely through her period of gestation with her eighth child who had had severe convulsions with, and had lost both, her sixth and seventh infant by the artificial induction of premature delivery.

NOTES FOR PRACTICE.

By WILLIAM F. WAUGH, M. D.

PRURITUS ANI.

IN one of my recent morphine cases, after the drug had been discontinued and the patient had just commenced to get a little natural sleep, pruritus ani set in. For three long weeks this dreadful malady persisted, robbing the victim of sleep and driving the whole household to the verge of distraction. The list of remedies, "sure cures," that were tried and failed in this case would fill more space than our editors would allow in this paper. Among them we may mention the tar, glycerine and starch mixture advocated by Scudder; campho-phenique, lauded by Matthews; benzoin; nitric acid, saturated with cocaine; linseed oil and lime water, which burned as strongly as the benzoin; etc., etc. All oleaginous preparations irritated. The last application made, to which the cure is credited, was Goulard's extract, diluted with four parts of water, and applied constantly to the part, on cotton compresses, day and night. Diuretics were also given, as the urine was scanty, and sodium salicylate, gr. v, four times daily. Urticaria came in to further torture the patient, but this was soon subdued by painting with compound tincture of benzoin and campho-phenique, combined in various proportions.

EUROPEAN FOR KRAUROSIS VULVÆ.

Dr. Matthews Duncan described a curious affection of the vulva, to which the name of kraurosis has since been applied. A small red spot appears, generally at the site of the remains of the hymen. This spot is depressed, and when examined microscopically, is found to present an atrophy of the tissues, leaving the nerves and blood-vessels alone. It is exceedingly sensitive, so as to render sexual intercourse practically impossible. The only remedy found by Duncan was the application of pure carbolic acid. This gave temporary relief, but the affection soon reappeared near its original site, and gradually traveled over the vulva, leaving an atrophied track. It continued until the menopause. Excision

had the same temporarily good effect as carbolic acid.

In 1880 a young woman applied to me on account of this affection. I excised all the remains of the hymen, and obtained a pretty good result. But more or less difficulty recurred, until she finally left her husband. There was in this case a disproportion between the capacity of the vagina and the dimensions of the husband's member, that years of married life did not harmonize.

Three cases have come to me since, which have been treated with euophen, 30 grains to an ounce of lanoline; applied several times a day. One was a lady, married seven years, with no children. Intercourse was as painful to her as on her wedding night, and family difficulties of the most serious character had developed. The struggle in the husband between his strong sexual appetite and his unwillingness to submit his wife to torture was affecting his mind injuriously, and would inevitably have driven him into illicit relations. When the euophen ointment was applied, the tenderness at once began to subside; and in a few weeks had moderated so that intercourse was not specially painful. Complete recovery ensued.

The next case was of a young widow. Her husband, a physician, had removed the ring to which the hymen had been attached; but the affection recurred. There was persistent aching in the back, and great pain at the menstrual periods, with a state of hyper-excitability at all times. Faradization of the back was instituted, and the euophen ointment applied. Result, a complete cure in about two months.

The third case was a married woman twenty-seven years of age; it had endured through eight years of married life and the birth of two children. Nothing was used except the euophen ointment, and in four weeks the affection had disappeared.

I have not detailed the previous treatment of these cases, but numberless local applications had previously been made, without appreciable benefit resulting.

EUOPHEN FOR RECTAL ULCER.

To the foregoing may be added another

case in which the value of euophen has been demonstrated no less strikingly. A lady, twenty years of age, complained of morning diarrhoea. Every morning she was awakened by pain in the lower abdomen, and, on rising, was at once seized with diarrhoea, with thin stools mixed with blood and mucus, and some scybala. By noon the pains ceased, and she was free until the next morning. The girl was losing flesh and strength, and becoming anemic.

Digital examination revealed a deep, sensitive ulcer just within the sphincter ani. The danger of excavating was explained to her, but she refused to allow dilation of the sphincter. She was accordingly ordered the euophen ointment and directed to apply it to the ulcer with the finger twice daily. Besides this she washed out the bowel every night, with a pint of hot water in which was dissolved half a drachm of sulpho-carbolate of zinc. She also had three grains of iodoform by the mouth, in pill, each day. In two weeks the symptoms had almost entirely disappeared, the girl had begun to pick up flesh; and the ulcer had cicatrized.

Such results are to me somewhat notable; as I have not previously succeeded in curing these affections by any other remedies. Nor do I recollect seeing any record of such cures, although constantly scanning the pages of nearly all the medical journals of this and other countries.

ARISTOL.

At the first confinement, Mrs. V. was slightly lacerated in the perineum; and post-partal hemorrhoids appeared. For these, an ointment of aristol, gr. xx to lanoline, oz. j, was ordered. Prompt relief was obtained; and the ointment was continued until the hemorrhoids disappeared, and the laceration healed. The same ointment was applied to the infant's umbilicus, that had become quite sore, with equally good effects.

SALOPHEN.

Salicylic acid and its compounds have been pronounced specific for tonsillitis; and they are undoubtedly of great utility. In one case I gave salophen, gr. v every two hours; and found it fully equal to the above named remedies.

In a case of headache, with fever, from "catching cold," at the menstrual period, salophen was given in doses of gr. x, every two hours. The patient was better next morning; and, on the next, the menses returned.

RELAPSE FROM PNEUMONIA.

A very severe attack of pneumonia, with a premature delivery, at six and one-half months, had gradually subsided; when for some unknown reason a relapse occurred. The temperature stood at 104° F. She was given the arseniate of strychnine granules, gr. $\frac{1}{34}$ each. The temperature fell one degree each day until it reached 100°, where it remained for six days. Iodoform granules were then substituted, and in two days the temperature fell to 99°. The physical signs, however, showed that some infiltration remained, and a bronchiectasis formed. Some fever continued for several weeks; and after this had subsided, a very troublesome cough, with occasional hemoptysis, remained for over a month. The sputa were repeatedly examined for tubercle bacilli, but none could be found, although the microscopic appearance was most suspicious, and night-sweats, hectic and emaciation helped to complete the picture of phthisis. Nevertheless, the absence of fever indicated the non-tubercular character of the case.

At the time of writing, June 26, she has had no cough for nearly two weeks; she eats well, sleeps well, is gaining strength daily, and there is no dullness remaining. During the last month she has taken no medicine except Wampole's preparation of cod-liver oil, and a cough mixture of morphine, wild cherry and tar.

Without the microscopical examinations of the sputa, this would have been pronounced a case of tubercular phthisis, and those who consider all phthisis as tubercular would have credited the remedies with curative virtues in tuberculosis.

ACUTE BRONCHITIS.

A lady, aged 57 years, with acute bronchitis. She was given the granules of strychnine arseniate. The case improved much more rapidly than during a former attack, when she was treated in

the ordinary manner. This was an experiment to discover the value of Burggræve's method in acute inflammations, and certainly succeeded.

INSOMNIA.

A gentleman, aged 67 years, had met some heavy losses in the "Reading" failure. This weighed upon his mind to such an extent that he could not sleep. Various methods were employed, without much success, until he was given an ounce of coca wine on going to bed. Lest some enterprising dealer should avail himself of this item as an advertisement, slyly inserting the name of his own wine, as the Mariani people once did in a former case of my own, I hasten to add that this patient put an ounce of coca leaves in a bottle of claret, and thus prepared his own brand, and a very good one it was.

CYSTITIS.

An old case, that has resisted every remedy brought forward for years. Nothing answers so well as a small dose (ten grains) of sulphonal at bed time, a little seidlitz salt in his drinking water during the day, and a few grains of zinc sulphocarbolate, when the gastric catarrh becomes troublesome.

GASTRALGIA.

A man, 45 years of age, a carpenter. The symptoms were severe enough to arouse the suspicion of cancer. In this case I gave the euonymin granules, aa gr. $\frac{1}{6}$, five before each meal. The man recovered, being under treatment six weeks.

CHRONIC GASTRO-INTESTINAL CATARRH.

A lady, aged 46 years. This was a case of long standing; for whom numberless remedies had been given unsuccessfully. Under the use of Procter's wine of pepsin and euonymus she improved gradually, her complexion has cleared up, and the attacks of bilious headache have become less frequent and milder.

The stockholders of the University of Pennsylvania Press have been called upon to pay an assessment of ten per cent. on their stock.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,
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MERCURIAL INUNCTION IN LOCOMOTOR ATAXIA.

DR. DINKLER, of Heidelberg, (Berl. Klin Wochenschrift. 15-20) communicates seventy cases from the private and hospital practice of Prof. Erb, which were treated with mercurial inunctions and observed during the last five years. From twenty to fifty daily inunctions (of about one drachm, 3.0-5.0 grammes) were administered; in the meantime great care was taken of the teeth; a vigorous diet and complete rest were observed and one to three warm baths were taken every week. D. divides the observations into three groups: fifty-eight patients showed distinct improvement under the treatment, which, in some cases, was used repeatedly; eleven cases did not show any change, and two cases died. The one two, the other seven months after the beginning of the treatment. In one of the two latter cases there was very probably a rapid degeneration in the brain with petit mal and megalomania combined with the locomotor ataxia; in the other case there was arteritis syphilitica arter. baseos cranii et medullæ spinalis and meningitis spin-

alis syphilitica; death was caused by a hæmorrhage of Sylvian artery. If we consider the hopeless and insidious character of many cases of cerebral syphilis, we have to admit that these two cases would simply attract our attention to the difference in the prognosis of certain forms of ataxia and not of the typical forms.

D. tries to answer three questions with reference to the subject: First: Have we to expect some danger for the organisms at large? Second: Can a certain indication be derived from the origin or the symptoms of the disease? And third: What success do we observe? The answer to the first question is negative. The two cases, in which a chance for the worse occurred after the treatment, were cases of cerebral syphilis with locomotor ataxia. Cerebral syphilis is unfortunately very often refractory to antisiphilitic treatment, and takes a fatal course and nevertheless, the only thing we can attempt in a case of cerebral syphilis, is an antisiphilitic treatment. The pure cases of ataxia did not seem to suffer in the least from the treatment; but there may of course be contra-indications in a few, too far advanced cases. As to the second question, it is certain beyond any doubt that a large percentage of ataxics are syphilitic, some of them showing obvious signs of syphilis which require antisiphilitic treatment. The answer to the third question is the most important. Fifty-eight out of seventy-one cases showed distinct improvement.

It would be too long to analyze here the history of all the cases offered, although it is exceedingly instructive to follow them in the original. On the whole, D. comes to the following conclusion: It is not by any means his intention to praise mercury as a panacea against locomotor ataxia. The complete communication of Prof. Erb's observations—not a chosen material, but the whole series

of seventy-one cases, are supposed to show that the mercurial treatment of tabes is justified by ætiological, pathological and clinical evidence, and further, that it does not only do no harm, but brings about doubtless improvement in the greater number of patients, not second to any other treatment.

A. M.

ON THE CAUSE OF GENERAL PARALYSIS.

THE last number of Charcot's *Archives de Neurologie* contains several discussions on the etiology of *general paralysis*. M. Lefiliâtre found among forty paralytic cases, twenty-one who had had syphilis from ten to thirty years before they came to the asylum. M. Charpentier remarks that it is relatively rare to find in paralytics the lesions of the bones so frequent in the syphilis, and that a history of syphilis does not always mean more than that the patient took mercury for some disorder of the genital organs. M. A. Voisin, too, finds that syphilis is a relatively rare cause of general paralysis, whereas Jacobson finds that syphilis is the most common and the most important cause, intoxication with alcohol, lead and tobacco being of secondary importance only. According to M. Vallon the influence of syphilis is purely secondary, and alcoholism is the chief cause. It is a very pleasant thing that the last contribution of the discussion gives a more promising view of the scientific character of medicine. The paper of M. Loindimov, (St. Petersburg), points out very clearly how misleading it is to try and find one unique cause for a disease of this kind. It proves that it is not the great number of observations, but the exact study of every single case that throws a light on the question. Among the 12 cases which M. Loindimov examined, not a single one could be traced back to a unique cause. Alcoholism

was found in seven cases, but always associated with syphilis, or heredity or injury of the skull. In the five cases in which syphilis was present, syphilis was not the unique cause, but found combined with intellectual overwork, sexual excess, alcoholism, and sometimes with several of these causes. To find a unique cause for general paralysis seems thus to be a problem similar to the squaring of the circle.

The latter argumentation holds about for everything in the study of etiology. For certain bacterial diseases we are able to give the necessary proof for the bacterial origin; but most diseases don't admit a test such as the famous rules of Koch, and the real causes of "cold," etc., are still to be found. A. M.

SPECIALISTS, EXPERT SURGERY, AND THE CITY OF PALATIAL HOSPITALS.

IN the issue of the *Medical Press and Circular*, for May 17th, there appears a witty, yet timely observation, by the editor, on the present depressed state of consultation practice. The writer says, that "Never since the days when David, the son of Jesse, did the practical operation for sling-shot wound of Goliath's skull, has the demand for expert surgery, so far as London is concerned, fallen to such a low ebb. Noble incursions in Harley street and adjoining localities cannot of course be maintained in that extreme pressure on diminished incomes."

In another issue of the same journal, New York's prospective hospital palaces came in for harsh, but eminently just criticism. The author pertinently asks, what the medical profession or the general practitioner has to say about it?

Taken in their entirety, these comments give rise to a reflection on the old proverb, "that if we give one only rope enough he will hang himself." That is just

precisely what the medical philanthropist is now doing in New York, as his brother in London has already done. Indeed, it may be said with all sincerity and truth, that not one of their mansion-infirmaries are needed in Gotham. Already they have impoverished general practice, and so far demoralized the masses, that the payment of a fee is regarded as something in the nature of a gift. The blighting, sinister effects of these palatial institutions are at last being felt by those who are supposed to be beyond their reach. The plump print of the specialist, the fat fees to maintain his domestic establishment, are becoming scarcer and scarcer; for what is an easier way of saving a few hundred dollars than to get inside an old thread-bare garment, give a fictitious address, and for the nonce do the humiliating act of professing one's poverty? With all the enormous wealth of New York, it would not be stretching the truth to say that there is not a surgeon of prominence in that city who could maintain himself and family without patronage from other cities and states. Hospitals were originally intended for the destitute poor, and for those alone. When they are prostituted to private gain, when free lunches are given dispensary patients, when free-treatment is openly advertised in the daily papers, when skilled nursing, professional attendance, the best of diet and all are offered for nothing, what in the name of Heaven can be expected through legitimate practice? Why go through the mockery of giving a young man a diploma to practice and then quietly starve him to death, or drive him into quackery or something worse?

Dr. Frank S. Parsons, late Professor of Pediatrics in the College of Physicians and Surgeons, of Boston, Mass., has removed to Philadelphia.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

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LOCOMOTOR ATAXY?

A MAN 42 years old has had an affection of his legs for six or seven years. They are weak and he complains of formication, a tight or constricted feeling; very unsteady gait, left leg and arm weaker than the right. He walks but little and only with a cane; the feet do not hit the ground regularly. He is very unsteady while standing with the feet together and the eyes closed; when he would soon fall. In fact, he does fall often when walking. The bowels move only with laxatives. There is retention of urine; the secretion being of high color. There is decided anesthesia in the legs. The eyes are badly affected; objects appearing unsettled to his vision, and printed matter becoming blurred when he attempts to read. He uses tobacco, and formerly used liquor. There is no history of syphilis. The patellar reflexes are exalted decidedly, especially the left. The pupils dilate and contract pretty quickly. He has never had the severe pains in the body or limbs.

What is the diagnosis, and is any treatment of value?

I am using the faradic brush on the legs, galvanizing the spine and sympathetic, and prescribed Fowler's solution, gr. iij, *ter in die*.

Owing to the absence of lightning pains and the exalted patellar reflexes, which are quick, regular and absolute, I cannot look upon it as a typical locomotor ataxy.

TRUMAN COATES, M. D.

RUSSELLVILLE, PA.

[If not a typical ataxy, there must be an affection of the same regions of the cord to produce such an ataxic group of symptoms. And the others may develop in time, with the gastric crises, sexual

anomalies, etc. The absence of syphilitic history does not bar its existence. The latest utterance on the treatment of ataxy is that of Hirschberg, translated for this journal and printed in the Neurological Number. The reports on the use of the testicular extracts may be taken with a very large grain of salt.—Ed. T. & R.]

LOSOPHAN.

YOUR remarks on the treatment of diseases with proper medicines are to me the most valuable parts of the TIMES AND REGISTER, but I wish you would be a little more definite as to doses and strength of ointments; as for example, losophan for pruritus, how strong should the ointment be and what is best for the base; lanoline, petrolatum or benzoated lard? Or, if in liquid form, what is the best solvent: glycerine, or castor oil, alcohol and water? Give us more such articles as that entitled "Some New Drugs" page 480, worth a year's subscription. Again, page 380, iodide of strontium four drams daily (Paraf-Javal). I know not what that word means. Have you used the *Lactate of S*? Does the iodide work best where the knee and wrist joints and hands are affected?

Again: I have a case, a wife aged forty-three, mother of four boys, who has a curious kind of headache. In February she was taken with great pain and tenderness in the nape of her neck, the pain extended across her shoulders and down her arms. Her neck was very painful and the pain extended to the top of her head. She is improved, but when a little tired she has that pain in the top of her head, which she describes as a feeling as if the brain was exposed, sore and smarted. I have given her mist. ferri comp. with liquor strychninæ and some pills of phosphide zinc., $\frac{1}{10}$ grain and $\frac{1}{4}$ grain of nux; two a day. Can you suggest something better? Yes, give us of your practical knowledge of the treatment of diseases by medicines freely, for it will not impoverish you, while it will greatly enhance the value of the TIMES AND REGISTER and mightily aid and instruct your feeble brethren; who look up to you as a pioneer and judicious leader in the Practice of Medicine. When you mention a new remedy please give us the dose, frequency of exhibiting and best modes of administering it. You and the Bureau, of which I presume *magna pars*

fuisti, greatly improve the practical part of the TIMES AND REGISTER. I gladly renew my subscription for one year; for although I am an old man (74½ years) I rest and luxuriate in the TIMES AND REGISTER and the *Medical World*. Is such progress as I have witnessed within the last fifty years possible and to be expected in the *next fifty years*? If so, the powers and terrors of the last enemy will be nearly destroyed and medicine can properly ask:

O, Death, where is thy sting?

G. H. ATTWOOD, M. D.

N. WOODBURY, CONN.

[Our correspondent is right, and we stand corrected. The losophan ointment was from five to twenty grains to the ounce of benzoated lard; a better excipient for pruritus than petrolatum or lanoline. The former prevents absorption; the latter is too sticky. The iodide of strontium employed was the solution furnished by Rigaud and Chapoteaut, and the words "Paraf-Javal" designate a special manufacture. It is of considerable importance to specify this brand, as there is a commercial salt in the market, of great impurity, that might otherwise be employed in filling the prescriptions. I have used the lactate in two cases of diabetes, of which one was cured in a month; the other was improving rapidly during the two weeks he was under my care, but I have not heard of him since. These gentlemen adhered to a strict diet however, and used Diabetine instead of sugar. The one who recovered has since adhered pretty closely to the diet prescribed. Even so, the total disappearance of sugar from the urine in less than two months is notable.

The iodide works well in subacute or chronic rheumatism, and when the affection lingers in one special joint.

The headache reminds me of one I have treated, that turned out to be due to caries of the cervical vertebrae. If not due to this, nor to a tumor interfering with the cervical plexus, I would counter-irritate over the back of the neck persistently, and give iodoform, gr. j, four times daily, in coated pills.

—W. F. W.]

NIGHT TERRORS.

I HAVE a little patient, fourteen months old, a perfect picture of health. Its parents say "there never was a better child during the day time," and nothing seems to ail the child in any way except what I should call "Night Terrors." I know no other name. The child wakes up with a loud cry any time during the night; then rolls, tumbles, strikes, kicks, and throws itself around so that the parents can hardly hold it. It keeps such actions up during the whole night; occasionally falls back, closes its eyes, and sleeps for two or three minutes, then

begins again. The parents and I have tried almost everything, I imagine, and the same thing takes place every night. They say it has always been so since it was born. If there is anything that any of your staff can recommend to be done that will give relief, it will be gratefully accepted. E. B. WENNER, M. D.

MILFORD, PA.

[Night terrors are induced by constipation, worms, indigestion, flatulence, or reflexes from a tight prepuce in either sex, a spasmodical state of the anal sphincter, or some similar cause. Examine for these; pass the little finger into the anus if tightly closed; look to the urine and bladder also; and then lessen the irritability of the nervous system by warm baths at bedtime and a full dose of potassium bromide, or the Nerveine granules. See that the bedroom has plenty of fresh air, and no coal gas or other noxious emanation. Some children can only rest well when alone; others require the comforting presence of the mother. The pharynx and larynx may be also examined, if no other cause is found. Smart counter irritation by a menthol or crystallized liniment cone, applied over the right pneumogastric in the neck, will give prompt relief to the paroxysm.—W. F. W.]

SCANTY URINE.

MY urine is scanty, scalds me, has an unusually strong urinous odor, but is not ammoniacal. Is this uremic? What would relieve me? ———, M. D.

[The urine is too highly concentrated, probably because the pressure in the renal artery is weak, or because you use too little liquids. In similar conditions I have obtained benefit from the use of sparteine, gr. $\frac{1}{2}$, every four hours, and the free use of a mild lithia water, such as that of Elkton, Va. There is something beneficial in the action of such a water, not to be explained by the small amount of lithia present.—Ed. T. & R.]

WHY A DEAD BODY FLOATS.

A FEW questions of great import, and the answers to be clear and explicit. I will use the language as mine but not the names before the Court.

1. Will a murdered man sink if thrown overboard as soon as done?
2. If decomposition sets in first, will he also sink to the bottom?
3. What causes the flesh to bloat and the scrotum to fill with gases in a man killed and thrown overboard?
4. How long, in warm weather, before decomposition begins of a man killed in health?
5. Does a dead man sink to the bottom at all if decomposition has set in?

6. And is it not because of decomposition that a drowned man is made to rise?

The facts are these: A man was murdered on a boat, his body thrown overboard and floated ashore. The body had undoubtedly been dead two or three days, but it was not in the water that long, or else the crabs would have eaten his flesh, but they did not.

7. Could not the body have floated near the surface for a day, and gradually rise on top so as to be seen?

Any points bearing on the case will be gladly received.

J. ZACK. TAYLOR, M. D.

DEALS ISLAND, MD.

[1. Yes, unless buoyed up by air in or about the clothes.

2. Not if decomposition has produced gas enough to float him.

3. Decomposition.

4. A few hours only; perhaps one day.

5. Not if it has proceeded to the free formation of gas.

6. Yes.

7. Yes.

—Ed. T. & R.]

PLEASE publish in your next TIMES AND REGISTER a short article on resorcin. Of what it is made, properties, doses, etc. Also to what diseases or conditions it is best adapted.

G. W. AUSBROOKS, M. D.

DONGOLA, Ill.

[Resorcin is obtained by fusing ammoniac with caustic potash. It is soluble in water, alcohol, ether or glycerine. The dose is from five to fifteen grains, but a drachm is given at once as an antipyretic. It is unirritating and may be used hypodermically in weak solutions. In doses of 30 to 60 grains it reduces temperature for several hours, but causes nausea and sweating. Larger doses cause vertigo, deafness, amaurosis, spasms and rigidity of the back of the neck. It passes off by the kidneys, turning the urine brown or even bluish. Over-doses may be treated by ammonia, alcohol and diuretics, with strychnine and atropin hypodermically. Resorcin has been applied locally in diphtheria in any strength. A 5 per cent. solution is used to spray the air of the sick room. For catarrhs, a 2 per cent. spray is employed. The powder is dusted on exuberant granulations ("proud flesh") or is combined with boric acid, 1 to 10 or 20. This is applied in otorrhea; the ear being first cleansed and dried, and the powder blown in freely. An ointment of one to two drachms to the ounce of petrolatum is applied to ulcers and sloughing surfaces, chancroids and syphilitic sores. Chronic conjunctivitis and corneal wounds are usefully treated by 1 or 2 per cent. solutions in water. Resorcin is also applied locally to tuberculous laryngitis, stomatitis, eczema, psoriasis, alopecia, circumscripta and lupus erythematosus. In whoop-

ing cough a solution of 2 per cent. has been sprayed; and in hay fever the solution may be used as strong as 20 per cent. Resorcin soap, 5 to 10 per cent., has been used for ringworm and other parasitic skin diseases. It is a safe and useful local remedy for gonorrhea and cystitis. Luciani claims to have cured two cases of cutaneous epithelioma by resorcin ointments; 30 per cent. applied once a day; the surface first having been cleansed with borax solution. Resorcin has been used locally and internally, in erysipelas, puerperal fever, typhoid fever, malaria, measles, and septicemia with benefit. Internally, its antiseptic and anti-ferment properties render it of value in dyspepsia, gastric catarrh, ulcer and cancer, gastralgia, dysentery and infantile diarrhea. It has been highly recommended for cholera infantum.

Leblond finds resorcin a powerful agent in the treatment of membranous patches, succeeding where other remedies fail.

Moncorvo applies the drug directly to the larynx in whooping cough, and values this treatment above all others. One part to 15 of glycerine may be employed. Resorcin is said also to relieve nausea. As an anti-spasmodic in asthma it has done good.

For this review we are largely indebted to Shoemaker's new *Materia Medica*.—Ed. T. & R.]

SEAT-WORMS.

WILL you give in your Bureau of Information the full treatment for expelling seat-worms? The patient is a woman forty-seven years of age and rather anæmic; a housewife.

TRUMAN COATES, M. D.

RUSSELVILLE, Pa.

[I have used all the alleged remedies for seat-worms in adults, and they all failed at times. The best treatment is to give tincture of iron in full doses internally, and wash out the rectum with lime water and tincture of iron, applying an ointment of euphorben, 30 grains to the ounce of lanoline, to the anus and lower rectum; carefully inserting the ointment into all the folds and cracks in which the eggs may be deposited. Other remedies said to be effectual at times are enemas of pure glycerine, quassia infusion, chlorinated soda, carbolized oil, and resorcin. In any event, it is necessary to persist in the treatment, as a few worms escaping will keep up the difficulty. Filling the bowel with melted petrolatum is a resource that might be tried with advantage; and to this substance could be added euphorben or sanitas oil.

—W. F. W.]

PYURIA: INFANT'S PALSY.

THROUGH your TIMES AND REGISTER will you kindly diagnose and suggest treatment for the following cases:

First: A lady, aged thirty years, has considerable pain in her back, in the region of the kidneys; worse on the right side; at times extending to the right hip and thigh (outside). There is consider-

able creamy-yellow flocculent deposit in her urine. The affection began about one year ago and has been worse for the last eight months. There is some little uterine disturbance. Her appetite is good, bowels and all secretions normal. She has the night-mare frequently and is very weak.

Second: A child, female, fourteen months old, began eight months ago to exhibit signs of nervousness. She has some twitching, a whining cry lasting some ten minutes, and then becomes quiet for three to five hours, when a return of the cry occurs, etc. She has never crawled or walked; moves over the floor by sliding on the buttocks, assisting slightly by pulling with the heels. The legs seem to have very little power. She cannot stand when left on the feet unassisted, but falls to the floor. When the crying spells come on, the baby crosses the legs and holds them in the air, seeming to obtain some relief thereby. I think there is no very acute pain. On examining the sacral region I found a slight redness about the centre of the sacral bones. Next time I looked it was absent. It might have been caused by the clothing. I could not find tenderness in any part. The bowels are normal in appearance and prompt in movements.

SUBSCRIBER.

FIRST CASE.

[The urinary deposit is pus, indicating pyelitis of the right kidney. If she will submit to a surgical operation, that is the speediest way of obtaining relief; if the affection be due to a renal calculus. The microscope is essential to a complete diagnosis. If she is unwilling to have the knife employed, give her a mild lithia water, the Elkton especially, and let her drink one or two quarts daily for several months.—W. F. W.]

SECOND CASE.

[As the legs seem weak, there may have been an infantile paralysis, which might easily escape notice prior to normal age for walking. Would give them rubbing (massage) daily. A cool sponge bath daily followed by rubbing. Give tinct. cannabis indica in gtt. iij. doses, three times a day. Would not delay long to make positive diagnosis, in reference to the nature of the weakness of the legs, and twitching.—S. W.]

If "Subscriber" would inquire into the family history of this fourteen month old baby, and ascertain whether she is predisposed to rickets, scrofula, syphilis or other constitutional disorder; or should he find an enlarged head as compared with other infants of same age and weight, suggestive of advancing hydrocephalus, he might find a cause for the nervous disorder he describes. The meagre information "Subscriber" gives is too little to base

any positive diagnosis upon. We might ask, is the child anæmic? Does it suffer from chorea? Is it in good flesh or puny and wasted? Has it any teeth or are they advancing? How is it fed (a very important point in nervous children)? Definite answers to these points might suggest diagnosis and treatment. I should by all means regulate diet as to quality and quantity, for a large proportion of children are over fed in quantity with too poor a quality of food, in fact they are very apt to be fed at that age with "anything that is on the table." If the child is anæmic, a mild dose of tinct. ferri chloridi in glycerine and cinnamon water is excellent. Cod-liver oil in small doses with pepsin is not out of place to build up the blood of an infant as young as six or nine months. Plunge baths are always useful, in water equal to the body temperature, followed by brisk rubbing with a soft towel.

For rachitis lime water should be freely given. For scrofula a tonic treatment, and if syphilis exists put the child on mercurial inunction once or twice a day over abdomen. For the immediate nervous twitchings a solution of bromide of soda, ten grains to the ounce of cinnamon water, and give half a teaspoonful, well diluted, every four hours, or about half an hour previous to an expected attack. Watch case carefully for further developments.

F. S. PARSONS, M. D.

NORTHAMPTON, MASS.

Society Notes.

NEW YORK ACADEMY OF MEDICINE.—SECTION ON ORTHOPÆDIC SURGERY.

[Stated Meeting May 19, 1893.—W. D. Townsends, M. D.,
Chairman.]

SEVERE CALCANEUS AFTER A WILLET'S OPERATION.—Dr. Halsted Myers presented a patient upon whom he had operated for severe calcaneus which had recurred after a Willet's operation. The anterior tendons were divided, and forcible manipulation failed to overcome the deformity. Through a posterior vertical incision he then easily exposed the astragalus, and removed a wedge from its upper surface, which had become hypertrophied from lack of normal pressure. The wedge was made three-eighths of an inch thick on the inner side, and one-eighth of an inch on the outer side to correct a valgus present. The apex of the wedge corresponded to the anterior edge of the tibia. The articular surface of the tibia was scarified, and the foot easily brought to the normal position. The tendo Achillis was a mere ribbon, and was not shortened. The position is good now, seven weeks after operation, and there is apparently no motion at the

ankle joint. The child is to wear an ankle brace with a higher heel for some time.

Dr. S. Ketch said this case was brought to his clinic at the Woman's Medical College, and at that time the deformity was pronounced, so that it seemed as if only a radical operation would be successful. He believed that Willet's operation had been performed on the patient several times. He referred the case to Dr. Myers, and he was very much gratified at the result.

The Chairman said that Willet's operation had been done a great many times at the Hospital for the Ruptured and Crippled, but increased experience had taught them that it was only one step in the treatment of calcaneus. Careful support was necessary after the operation to prevent relapse.

NEUROMIMETIC CLUB-FOOT.—Dr. S. Ketch presented such a case. He first saw the patient at the Orthopædic Dispensary on May 15, 1893. She was about fifteen years of age and had never menstruated. The history is that three months ago, as a result of a sudden twist, the foot became contracted, and she was not able to straighten it again. Examination showed that there was atrophy of the calf, and some contraction of the adductors of the thigh, the inward rotators, and the tibialis anticus; the foot was in marked varus; there was no equinus, and no shortening. As she walked the limp was very pronounced. The foot could be entirely replaced by gradual manual force. At this time the foot was very much more distorted than at present. A diagnosis was made of neuromimetic club-foot. As is characteristic of such cases, there were the hyperextended toes, and a degree of varus altogether out of proportion to the contraction of the foot. Previous to this, the girl had given no evidence of hysteria. By simple suggestion, he had been able to improve her condition very materially.

Dr. Henry Ling Taylor agreed in the diagnosis. He was reminded of a patient whom he attempted to treat by a brace, but she insisted upon taking it off at short intervals. After some time, she developed, or claimed to develop, a hemi-anæsthesia, which involved the lips and tongue, and one entire half of the body.

After several weeks, she also developed a peculiar attitude of the hand on the same side. Within a month or six weeks, she completely recovered.

OPERATIVE AND MECHANICAL TREATMENT OF FLAT-FOOT COMPARED.—Dr. Ketch also presented a patient, nineteen years of age, who afforded an excellent opportunity for comparing the results of operative and mechanical treatment. He first came to the dispensary one year ago, complaining of considerable pain in the soles of both feet on walking. There was very marked prominence of the sole, and bulging of the scaphoid and other tarsal bones. The condition had lasted for about three years. After a short time, he disappeared, and on his return, it was learned that the left foot had been operated upon about three months before, at the Presbyterian Hospital. He had been unable, however, to ascertain the exact nature of the operation. The patient walked on the outer side of his foot.

Dr. R. H. Sayre said he had not met with any cases of flat-foot which he had not been able to make comfortable without a bone operation, and these which he had seen operated upon by others, had not seemed to him to yield as good results as mechanical treatment.

"THE FORCIBLE CORRECTION OF ANGULAR DEFORMITIES OF THE KNEE BY MEANS OF A SPECIAL MECHANICAL APPARATUS."—Dr. Joel E. Goldthwaite, of Boston, read a paper with this title, and demonstrated by many large photographs, and by apparatus his method of treatment.

DISCUSSION.

(With Exhibition of other Apparatus.)

Dr. Halsted Myers described a simple method which he had used successfully to reduce the lateral dislocations which occur in the course of knee joint disease. Adhesive straps were applied to the leg, and a plaster of Paris splint applied from the upper part of the thigh to the lower part of the leg. A large window was cut in this splint from the level of the joint to the lower third of the leg, diametrically opposite the deformity, to allow the bones to be drawn in that direction. By means of a webbing strap, previously passed around the upper part and fastened over a steel spring, which

crossed it, traction was made forward and inward. Longitudinal traction was also made by fastening the adhesive plasters to a perineal crutch which was always a part of the apparatus. The treatment was illustrated by the exhibition of a patient who was wearing this apparatus.

Dr. R. H. Sayre exhibited an apparatus which he had used on a case in which the knee was ankylosed at about 45° . It would not be suitable for greater angles. The apparatus was modeled after Robin's osteoclast. In the case referred to, he was unable to loosen the patella. Where the patella had slid forward to the lower extremities of the condyles of the femur, he could not see how it was possible by mechanical force to slide the tibia forward to a proper bearing surface until the patella had been gotten out of the way. It might be necessary in some cases to loosen the patella through an incision by means of a chisel before applying the apparatus. In a case in which he thought there was only fibrous adhesion, he adopted this plan, but after the patella was free, it was impossible to reduce the posterior subluxation of the tibia. Excision was therefore performed, and he then found a remarkable hypertrophy of the spine of the tibia which prevented by its projection into the intercondyloid notch the reduction of the deformity. He thought the great pressure which Dr. Goldthwaite's apparatus exerted against the condyles of the femur, would cause a great deal more traumatism than walking. It was partly on this account he had preferred modifying Robin's osteoclast to using the apparatus devised by Dr. Bradford, as his patient still had tender spots on the condyle, although active symptoms had been absent for years. The fact that there was so much movement in Goldthwaite's cases was pretty conclusive evidence that there was more peri-arthritis than arthritis.

Dr. Ketch said the fact brought out in the paper that after the locking of a joint for many years, one is able by such a process to restore considerable motion, was in itself very interesting, and perhaps opened a new field in the treatment of such cases. It certainly emphasized what every orthopædic surgeon sees as a result of long-continued mechanical treat-

ment. He referred to two cases which he had just seen, in which persistent mechanical treatment had overcome what at one time was thought to be bony ankylosis. This should teach us that no matter how long a joint has been locked, as long as no true bony ankylosis is present, one should not despair of obtaining even a considerable degree of motion. The most interesting practical point in this treatment is the possibility of lighting up an old tubercular process. The cases reported in the paper would seem to justify us in taking this risk at least until we have further information on the subject.

Dr. H. L. Taylor had been greatly interested in Dr. Goldthwaite's work since the publication of his first article. The mechanical rooms were certainly well adapted to accomplish the desired result. In the treatment of inflammation of joints, it had seemed to him always well to combine traction with whatever force is applied, and he thought adhesive plasters could be applied to the leg, and used in connection with Goldthwaite's apparatus. However, from the action of the apparatus, the small amount of reaction following the operation, and the ultimate results obtained, it seemed to him that traction must be exerted by the apparatus, and that it left very little to be desired. His father, Dr. C. Fayette Taylor, described in 1879, in the *New York Medical Journal*, an apparatus which he had devised, called a genuclast. In it, counter-traction above and below the knee was combined with an eccentric leverage which was perfectly under control. It was successfully employed in a number of cases, but the method was not so well adapted to overcome the subluxation of the tibia as that presented in the paper this evening. As Dr. Ketch had remarked, those who had not had an extensive experience in orthopædic surgery could hardly realize how much could be accomplished by persistent, gradual treatment.

Dr. Ketch asked if Dr. Goldthwaite had used it as a gradual corrector of deformity, and receiving a negative reply, he suggested that an apparatus might be constructed on the same principle, which could be used as a walking brace.

Dr. H. W. Berg asked if the popliteal abscess which occurred in one of the re-

ported cases was the result of the forcible straightening of the limb, or was the result of an osteitis. He had, in common with most general practitioners, preferred to use the gradual method for fear of just such a complication.

Dr. Whitman said he had understood the author to say that the cases were selected—namely, were those in which amputation or excision had been advised. Why were no tenotomies done? Was it because most of the resistance was supposed to be in the posterior portion of the capsule? Personally, he believed that sub-cutaneous tenotomy would aid very much in the replacement.

Dr. R. H. Sayre said that the suggestion of Dr. Ketch had reminded him of his father's knee splint, in which traction is made in the axis of the leg, and at right-angles to the long axis, by bands passing across the front of the thigh and behind the calf, and around the bars of the instrument, in the same manner as traction is made by the screw in the apparatus just exhibited.

Dr. Goldthwaite, in closing the discussion, said that the discussion seemed to indicate that his method was not applicable to acute cases, yet Dr. Sayre's patient with the tender points was an acute case. His method and apparatus were only intended for a certain, small class in which all acute symptoms had disappeared, and in which some severe operation, like amputation, or excision would be otherwise attempted.

The pressure is applied evenly to the end of the femur by a leather band, and does not cause any trouble. The chances are that in cases in which there is firm, bony ankylosis of the patella to the femur, there would be bony ankylosis of the femur to the tibia; this would exclude it from the class suitable for this treatment. If, however, there were only firm fibrous adhesions, the application of his apparatus would be justifiable. He was willing to admit that in the case which did so well, there was probably very little intra-articular disease, yet it was in the hands of the general surgeon, and was to be submitted to excision. Quite a number of the cases had had gradual extension by means of a weight and pulley in bed for several months, but with absolutely no benefit. It should be

remembered that the class of cases in which his operation is to be done, is where the adhesions are so firm that this treatment cannot be expected to succeed.

The fifth case was not a proper one for forcible correction; the patient was in a poor general condition; there was tuberculosis of the lung, and probably also tuberculosis of the knee. The treatment probably caused a lighting up of the tuberculosis in the knee, but it was a choice between taking this risk, and allowing him to remain a hopeless cripple.

Tenotomy had been done in two of the cases, and while it was certainly not a serious procedure, it did not seem to be at all necessary, and hence, he thought it was better to avoid it, as it certainly prolonged the period of convalescence.

A total of eleven cases had been treated by this method, and in no instance had there been the slightest acute trouble, except in the last one reported, which, as had been said, was not a fair case for the operation. Excluding this, there had been no relapses. The first case was done in 1887, and the woman is perfectly well, and has a very useful limb. The most recent operation was done last February, and she had had no trouble up to the present time.

One severe case of gonorrheal rheumatism which had been in the hospital for the greater part of five years, had a right-angled contraction, extreme valgus, and rotation, yet he left the hospital ten days after this operation, and has been at work ever since.

In two other cases, where the deformity was the result of an ordinary articular rheumatism of one year's duration, an amputation had been advised by a well known surgeon on account of the constant pain and deformity. The pain existing in rheumatism arthritis, and in gonorrheal rheumatism is relieved by breaking up the adhesions in this way; hence, pain is an indication, rather than a contra-indication to the operation.

On motion, a vote of thanks was tendered to Dr. Goldthwaite for his kindness in coming to New York and presenting such an interesting and instructive paper.

The Medical Digest.

FRENCH NOTES.

TRANSLATED BY E. W. BING, M. D.,
CHESTER, PA.

SUB-CLAVICULAR PALPATION.—Hottonier calls attention to a quick proceeding in pulmonary exploration, for the recognition, at its beginning, of congestion limited to the summit of the lung; while percussion and auscultation fail to give information. The method consists in applying one hand, over the subclavicular spaces while the other makes an opposed plane of resistance over the scapula (following the respiratory movement), and pressing moderately with the ends of the fingers, at the commencement of inspiration. If this pressure produces any acute pain, there is no appreciable lesion: if the contrary, it is a sign that the apex of the lung is more or less injected with blood and the forced approximation of the costal walls gives pain.—*Le Progres Medical.*

POISONING FOLLOWING INSTILLATIONS OF COCAINE SOLUTIONS INTO THE EYE. (Trousseau).—In *Rev. International of Therapeutics and Pharmacology*, Dr. Legain reported the following case: "A—14, male, robust, foreign body slightly imbedded in corneal layers, used 4 drops of a 1 per cent. solution of cocaine, and repeated in three or four minutes. Almost immediately the young man complained of vertigo, precordial oppression, disturbed vision, and pallor. He fell back in the chair incapable of motion. The pulse became smaller and smaller and slower, 35 per minute. The pupil considerably dilated. These symptoms went off gradually, by the use of cold affusions to the face and a drink of strong tea, and at the end of 20 minutes the man was in his usual condition. The total amount of cocaine used was 4 milligrammes (1-16 grain), and part of that was washed away by the tears. Legain thinks that occurrences of this kind are more frequent than generally supposed and that the external application of cocaine may not prove altogether harmless. Trousseau says, that in his personal experience at

his clinics where cocaine is used 2500 or 3000 times during the year, no symptoms of poisoning have been seen, even after serious operations on the eye. He thinks, however, that the drug may be more active on the conjunctiva than beneath it. He had one case of strabismus in private practice which presented, after repeated instillations, syncope, pallor and vomiting, which he ascribed more to nervousness. He does not believe that cocaine produces any poisonous symptoms when used in this way. Beauvais ascribes the symptoms to idiosyncrasy. (See case p. 381, T & R, 1893.)

DUSTING POWDER:

Burnt alum	15 grammes	ss
Boric acid	15 "	ss
Precip. chalk . . .	150 "	v
Starch	250 "	viii
Carbolic acid . . .	3 "	gtt 45

—*Monat. Therap.*

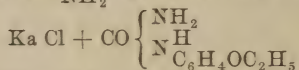
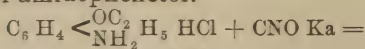
LAXATIVE PILLS, (Phillipeau).—

Cascara sagrada	5 c gm	$\frac{5}{8}$ gr
Ext. nux vom	1 c gm	$\frac{1}{8}$ gr
Ext. belladonna		
Pulv. ipecac		
Podophylli aa		

For one pill to be taken at bed time.

SUCROL.

Under this name a harmless substance of deliciously sweet taste is described by Dr. Heinrich Paschkis in the *Therapeutische Blätter*, Vienna, March 26, 1893. This body is produced by adding a solution of potassium cyanate to muriate of amidophenetol.



Paraphenetol-carbamide, or sucrol, is crystallizable in small white tables having a melting point of 160° C. (320° F.) It is soluble in alcohol and ether and in hot muriatic acid, also in hot acetic acid, as well as in all the solvents usually employed; diluted alkalis or acids do not act on it. Its solubility in water appears from the table given below:

100 Ccm. of water at 20° C.	will dissolve	0.16 Grm.
100 " " 30° C.	"	0.216 "
100 " " 40° C.	"	0.38 "
100 " " 50° C.	"	0.48 "
100 " " 60° C.	"	0.52 "
100 " " 70° C.	"	0.60 "
100 " " 80° C.	"	0.65 "

The absolute harmlessness of sucrol was established by experiments on warm, as well as on cold-blooded animals. There was no effect visible either on internal nor on subcutaneous application. Rabbits and dogs could easily stand a daily dose of 1 gm. (15 grains) and more. Its subcutaneous application was not easily accomplished, since sucrol is soluble only in very small quantities; but there was no local trouble, nor any other general effect produced by injecting an emulsion containing from 0.2 to 0.3 gm. ($3\frac{1}{3}$ to 5 grains) subcutaneously. No action was noticed on the circulation, on respiration or on the central nervous system. In dogs who were fed with sucrol for many weeks, no general effects could be observed.

Experiments with various digestive fluids showed that sucrol did not interfere with the action of saliva, pancreatin, or pepsin. The action of yeast was not interfered with, and that of emulsin very slightly delayed. Added to milk, sucrol delayed acid changes; while coagulation by rennet went on as usual. The development of micro-organisms is not delayed.

Paschkis' conclusions are: "As it is absolutely innocuous and does not attack the digestive organs of either man or animals, its use is absolutely unobjectionable. It certainly cannot be considered a real surrogate for sugar, as little as any other sweetening substance, of which doubtless more will be found.

"Sugar is a carbohydrate and therefore plays an important part in the nutrition of man; it has in this respect no rival among the sweetening substances so far discovered.* On the other hand, it cannot be denied that sucrol fully accomplishes one object for which sugar is used, viz.: that of sweetening food and drinks. It has a pure sweet taste, has no disagreeable taste accompanying or following its use and does not spoil the food to which it is added. Coffee, tea and lemonade that are sweetened with sucrol, taste very good; their sweet taste never becomes disgusting or sickening. Sucrol is best used for sweetening liquids that have a comparatively high specific gravity. Those that are lighter and bit-

*This is not the case with Diabetine (Levulose) which is a nourishing substance.

ter will not have this taste covered by sucrol, on account of their want of viscosity, and the small quantity of sucrol necessary for sweetening. Something similar is known to be a fact with sugar; a purely bitter taste will not even be neutralized by much sugar (*viz.*, quinine), it is only combined with the sweet. How much sweeter sucrol tastes than sugar cannot be stated exactly; according to my gustatory experience with aqueous solutions and with various foods and drinks, I believe it is about 200 times as sweet as sugar, maybe more. At all events the quantity of sucrol necessary to sweeten a liquid is much too small to give it the same density as it possesses when sugar is employed. This shows very markedly in tea or coffee.

"Aside from a pronounced sweetishness, the peculiar slightly bitter taste of tea is clearly perceived, while coffee (especially when prepared in Turkish style) is made perfectly and purely sweet. If milk is used with these beverages, they are rendered easily and perfectly sweet by the addition of sucrol.

"It appears to me to be an advantage that in liquids of an aromatic and specific taste, especially in tea, the characteristic taste is fully present together with the sweetness; while as every tea-drinker knows, the former is partly covered up by larger quantities of sugar. Similar relations take place in regard to wine and liquids which have been rendered aromatic by ethereal oils."

There is slight difficulty in the use of the powdered preparation, *i. e.*, it is not easy to wet it, but this is *absolutely absent* if it is used *in the shape of fine crystals*. To sweeten the liquids heretofore spoken of, it is best to pour them hot on the sucrol in the cup.

With medicines sucrol plays a similar part. In those of a pronounced bitter taste, the latter cannot be covered up with it, just as little as with sugar. A solution containing 1.0 gm. (fifteen grains) of sulphate of quinine, six drops of sulphuric acid, 100.0 gms. (3 oz. 3 dms.) of water and 0.1 gm. ($1\frac{2}{3}$ grains) of sucrol, tastes intensely bitter, as well as acid and sweet at the same time. In a powder containing 0.05 gm. (1 grain) of the muriate of morphia, 2.5 gms.

(2 scr.) of starch and 0.05 gm. (1 grain) of sucrol the bitter taste is covered up as well, if not better, as it is by sugar.

It is self-evident that in those powders where sugar forms a constituent at the same time, an indifferent substance has to be substituted, if sucrol is to be used for sweetening.

OILY SPRAYS FOR NASAL AFFECTIONS.—The action of menthol, camphor, thymol, and the volatile oils, sprayed in oily solutions upon the mucous membrane of the upper respiratory tract is easily studied. They are at first stimulating, increasing capillary circulation, and later they are soothing, sedative, or antiphlogistic, since their quick evaporation is only effected with and by the rapid abstraction of heat from the tissues, a chilling of the surface, a contraction of the peripheral circulation. In this sense they might almost be termed astringents. If these rapidly evaporating drugs are sprayed into the nasal chambers for a long time, they certainly do contract distended turbinated tissues and diminish secretion as well, and eventually what is called a "cure" may be effected. It is not wise to continue the use of the strongly volatile preparations too long, for they produce a dryness of the surface (and this is especially true of pharynx) which is almost as annoying as an atrophic condition. I rarely use oils with an up spray against the middle or upper pharynx. These volatile preparations are very grateful and cooling in painful inflammations of the larynx, as in sub acute laryngitis, in the swollen arytenoids of tuberculosis, and in the ulcerative conditions of phthisis and syphilis. I almost always follow astringent applications of zinc, silver, iron, etc., with a soothing oily spray.—Rice, *Post Graduate*.

STRONTIUM BROMIDE IN EPILEPSY.—The constantly increasing number of incurable epileptics, both in asylums and at large, occasions an ever-growing demand for new drugs, from which we may at least hope to effect some improvement, in either their physical condition, or a diminution of the number of seizures.

Among the recent applicants for medical favor in this line has been the bromide

of strontium (Paraf-Javal), purporting to be a salt free from the impurities of the ordinary commercial article, which render it unfit for continued use, or even poisonous in moderate doses. This statement as to its non-toxic action we have found to be well founded, no evil result having followed 30-grain doses repeated thrice daily, and no case that has been treated with the salt has shown other than beneficial results. Above all, we have to note continued absence of a bromide acne (even the disappearance of the rash, though it was present when the use of the strontium was commenced), a very much lessened somnolent effect, the patients without exception appearing brighter and more cheerful under its use than with the sodium salt, and finally certain excitable cases were less quarrelsome after a seizure, than under the every-day treatment; points all of very considerable value, both in private and asylum practice.

In cholera infantum (which seems to be due to a microbe different from that of Asiatic cholera) Jules Simon prescribes the following potion:

R. Salicylate of bismuth . . . 4 grammes
 Prepared chalk 2 grammes
 Paregoric elixir 10 drops
 Tinct. canella 1 gramme
 Peppermint-water 10 grammes
 Malaga wine . . . 10 to 30 grammes
 Syrup acacia . . 100 to 120 grammes

M.

The dose of the above would be a teaspoonful every hour.

—*Med. Age.*

Book Notes.

THE CLINICAL VALUE OF REPEATED CAREFUL CORRECTION OF MANIFEST REFRACTURE ERROR IN PLASTIC IRITIS. By Dr. Chas. A. Oliver. Reprint from Transaction Am. Oph. Society.

Dr. Oliver deserves credit for the ingenious way in which he has ascertained the strength of a mydriatic to be prescribed in certain forms of iritis. The patient's vision is carefully tested from time to time; if a rapid loss is noted and a sudden change is found in the trial lenses, the indications are present for a very powerful mydriatic—less change in glasses, less strength of the drug.

News and Miscellany.

Dr. J. R. Clausen has removed his office to 1725 Arch St., Philadelphia.

Dr. W. F. Hutchinson, of Providence, R. I., has become Editor of the Department of Electrotherapy, in the *Journal of Balneology*. We congratulate the Journal.

We are informed that Dr. Hare has been requested by Dr. Kitchen to resign from the staff of St. Agnes' Hospital. This is Dr. Kitchen's reply to the protest recently made by the Jefferson Faculty against his method of appointing resident physicians.

MEDICO - CHIRURGICAL COLLEGE.—The following changes have been made in the Faculty: Dr. L. Webster Fox has been elected Professor of Ophthalmology; Dr. Seneca D. Egbert, Professor of Hygiene; Dr. J. Madison Taylor, Professor of Pediatrics; Dr. Ernest B. Sangree, Assistant Professor of Pathology; and Dr. Benj. T. Shimwell, Assistant Professor of Surgery. Dr. Samuel Wolfe becomes Clinical Professor of Nervous Diseases, leaving the chair of Physiology vacant. It is understood that this vacancy will be filled very shortly. The Hospital has been voted \$100,000 by the Pennsylvania Legislature, and the bill has been signed by Governor Pattison. A new clinic hall is contemplated, and a material addition to the hospital, which cannot now accommodate the demands made upon it.

Professor Laplace has been appointed by Governor Pattison as a member of the State Quarantine Board, and has also been selected by the American Medical Association to deliver the Address on Surgery at the next meeting. Dr. Boenning, the Demonstrator of Anatomy, is now Port Physician, and a graduate of the school, Dr. P. R. Cleaver, has just been placed in charge of the Lazaretto. The prospects at present are that the class for the coming term will be much larger than any previously enrolled.

The Times and Register.

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PHILADELPHIA, JULY 8, 1893.

Whole No. 774.

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Original Articles.

THE ADVANTAGES OF ANTISEPTIC IRRIGATION OF THE PARTURIENT CANAL BEFORE AND AFTER LABOR.¹

By T. RIDGWAY BARKER, M.D.

“TO avoid danger is a thousand times wiser than to prepare to meet it.

Prompted and emboldened by this thought, I present for consideration and discussion the advantages to be gained by the employment of ante-partum and post-partum vaginal irrigation.

Having accepted as proven the role which micro-organisms and their products, ptomaines, play in the development of disease, it has been my practice for the past two years to employ, in cases of confinement, irrigation of the parturient canal.

The results from this routine method have been so uniformly satisfactory, aside from any theoretical considerations, that I would fain persuade every practitioner of obstetrics to give the plan an impartial trial.

¹Read before the Philadelphia County Medical Society, April 12, 1893.

While it has, I am well aware, no definite claims to novelty, yet the rules governing aseptic midwifery are so generally disregarded in private practice that further study cannot be otherwise than beneficial. It is certainly a fact that strong antiseptic solutions containing mercury or carbolic acid are likely to, and will, if long continued, poison the patient. Garrigues, in his paper on “Corrosive Sublimate and Creolin,” published in *The American Journal of the Medical Sciences*, 1889, reports twenty cases of death from this drug in obstetrical practice. But any valuable remedy will fail to give good results if not properly administered. Therefore, its abuse cannot be said, in any way to militate against its use.

The method which has given me the best results consists in having the external parts about the genital region carefully and thoroughly scrubbed with soap and hot water, with the onset of true pains. This is followed by a second cleansing with 1 to 1000 bichloride of mercury solution, the final washing being with boiled water. This completes the toilet of the entrance to the vestibule of the birth canal. As to the treatment of the canal itself, a fountain syringe is

filled with one quart of hot, boiled water, containing bichloride of mercury 1 to 5000. The ordinary nozzle made for vaginal use, after being rendered aseptic, is introduced into the vagina and carried up to the anterior vault of the canal, the stream of water having been running freely before introduction, to expel all air from the tube. When about half the solution has been used in bathing this portion of the vagina the nozzle is slightly withdrawn and made to enter the posterior pouch. In this way the whole mucous surface is irrigated, and at the same time some of the overflow bathes the cervix.

It is very desirable to finish this step in the procedure before rupture of the membranes, as their presence tends to prevent the escape of the antiseptic fluid into the uterine cavity and between the uterine wall and decidua. It will be noticed that so far our ante-partum efforts at cleanliness have been principally confined to the vagina, and this is the point to which our attention should be especially directed, for the source of infection is far more likely to lurk here than in the pregnant uterus.

The vaginal douches are to be administered with the female in the semi-recumbent posture, in order that free drainage may be secured and no fluid permitted to collect behind the posterior margin of the vulva. The antiseptic irrigation is to be followed by a free bathing of the parts with boiled water, so that absorption of the mercury may be rendered impossible. By these means we run no risk of mineral poisoning, while we do secure a perfectly aseptic condition of the birth canal.

When can we, without such precautions, say, with any degree of certainty, this woman's birth-canal contains no gonococci or other noxious germs? Her family life may have been the purest in every particular, yet gonococci may be present. The occupation of the husband, as Laphorn Smith, of Montreal, has pointed out, through a lack of personal cleanliness, may infect his wife. Such occupations as scavenging, rag-picking, and the like, render a man especially liable to infection when the simplest rules of hygiene are neglected. The same author pertinently remarks, "Before labor begins we should disinfect the vagina of all

women whose husbands have had gonorrhœa, taking it for granted that all have had it unless we have proof to the contrary."

Some writers, in spite of such facts, declare antiseptic irrigation unnecessary, because, they argue, Doderlein's experiments as to the nature of the micro-organisms found in the healthy vaginal canal, prove conclusively that they are non-pathogenic; but I would make answer that what is harmless in a healthy vagina with a perfect mucous membrane is not necessarily so when its walls have been overstretched and are the seat of laceration. The science of bacteriology has not yet declared the law that non-pathogenic micro-organisms always remain so under all conditions and circumstances.

Among those who are opposed to such prophylactic measures as I have suggested, may be mentioned Rosenberg, of the New York Polyclinic, who states in a paper published in the *Medical Record*, February 4, 1893—"So far I have not said anything about the prophylactic vaginal douches, and I only wish to speak about them to condemn their routine administration. I do not believe that the vagina can be made sterile, no matter how much douching is done; but I do believe that infectious material is very frequently carried into the genital tract by dirty instruments or fingers."

Now it goes without saying, that if you are going to employ dirty instruments and fingers in your pseudo attempts at aseptic midwifery, you had far better avoid examining the patient at all. In fact, it would be wiser to secure some one else to take charge of the case. Therefore such an argument is fallacious.

But what is still more surprising is that the same writer, in his article, should cite in support of this view, several cases of puerperal infection in which the women died. They were supposed to have aseptic parturient canals, when in reality septic matter had been introduced by unclean midwives in their efforts to ascertain the female's condition previous to the arrival of the medical attendant.

Here we have a striking example of our inability to distinguish between an aseptic and a septic birth-canal. The life of the woman is thus risked unwarrantably when we have nothing but pure

assumption on which to base our opinion.

Some extremists have gone so far as to recommend the employment of vaginal antiseptic injections as early as one week, or more, before the onset of labor, and they advise continuing them until the first stage is well advanced.

This is, perhaps, carrying the principal of antiseptics too far, but better that than not far enough. The importance of having an absolutely clean nozzle to the syringe cannot be too forcibly impressed. Dirty tools can never be expected to do clean work.

Earle, in a paper published in the *Chicago Medical Journal and Examiner*, tersely remarks: "You cannot carry out intra-uterine injections with a half-ounce syringe and a goose-quill." Were the benefits arising from vaginal irrigation previous to delivery wholly included under the term asepsis, we might rest well-satisfied, but that is not all, for the hot fluid fills a useful purpose in softening the cervix, thereby lessening the pain incident to its dilatation.

Some may urge against the practice, that it washes away the natural mucous secretion which is intended to lubricate the parts and facilitate the passage of the infant, but this is a theoretical objection which has no existence in fact. Quite the reverse one finds to be the case, which is confirmed by Garrigues, of the New York Maternity, who states, in a paper read before the Section on Obstetrics and Gynecology, in 1892: "Personally, I am opposed to rubbing and scrubbing the vagina, as some think necessary, but as to a vaginal injection before delivery, I believe yet that it is useful. It will remove both dirt and microbes, and if at the same time it removes a layer of mucus that lubricates the vagina, and, therefore, protects the perineum, it is easy to see that new mucus is poured out in abundance to replace the first."

With an aseptic parturient canal our fears of infection of the eyes of the infant, as it is driven along, are practically *nil*, for there is nothing to give rise to ophthalmia, that terrible disease so fatal to the sight. As my paper does concern itself with other necessary precautions, such as those relating to the clothing and the person of physician, nurse and

patient, no mention will here be made of them.

Having outlined the ante-partum procedure, which would seem to recommend itself to the careful accoucheur, we have still for consideration some post-partum measures.

Whether the case has been one of natural or instrumental labor makes no difference; all must be treated alike, save the latter class will require extra care and attention, since the doors for the entrance of septic matter are more numerous and wider open.

No matter how skillfully one may have delivered the placenta and secundines, we never can know positively whether everything has been expelled. Let the examination of the placenta be ever so minute, a fragment may be left behind, or a shred of membrane that the eye of the attendant has failed to note the absence of.

Appreciating this fact, it is but fair to assume that there is in every uterus after delivery, a cavity which contains material which, if it becomes infected, will place the patient in great danger. Micro-organisms feed on dead tissue, and by their multiplication pour out ptomaines which, when brought into contact with living cells, cause their death.

Thus is formed the virulent poison which the vessels are ready to suck up and carry through the system. Let the source of the pathogenic organism be what it may, we do know that when it takes up its residence in the utero-vaginal canal it is a terrible enemy to do battle with. Therefore, it would seem but reasonable to institute prophylactic measures to prevent the entrance and development of these breeders of disease, which can best be accomplished by the employment of antiseptic irrigation.

Mercury in the form of corrosive sublimate is scarcely suitable for post-partum vaginal irrigation, since it is so readily absorbed by abraded surfaces. Hence, carbolic acid, creolin, boric acid, or peroxide of hydrogen are to be preferred. The advisability of resorting to irrigation immediately after labor is questionable, since the likelihood of inducing hemorrhage, introducing air or irritating fluid into the yet unsealed uterine sinuses is possible.

After the lapse of twenty-four hours however, I would recommend a vaginal douche of carbolic acid, one drachm to the pint, or creolin, one per cent., followed by an equal quantity of boiled water.

It would appear from a study of the clinical symptoms of puerperal infection, that the first manifestations occur on the third or fourth day; in other words, the lochial discharge in the first twelve hours is so free that no contamination by micro-organisms is possible, but on the second day, the discharge not being so abundant, the germs gain a footing, and after a lapse of twenty-four hours pour sufficient poison into the blood-stream to jeopardize the life of the female.

Earle quotes Bakelmann as deeming intra-uterine injections indicated when, forty-eight hours after birth, the temperature rises to 101.5° F. to 102.2° F., with frequent pulse, without a recognizable cause for it; also, when fragments of placenta and membranes remain in the uterus as a cause for disturbance, and when symptoms of infection of the endometrium are present.

Of course he does! Who would not under such circumstances? But where is the wisdom of waiting until these disintegrating masses become infected before bringing about their expulsion? Why, indeed, delay in removing the oil-can, so to speak, from the neighborhood of the fire, when experience unmistakably teaches us that it will explode if only left there long enough? Let us, at least, be reasonable and hasten with all judiciousness to place beyond reach the dangerous element.

If our knowledge of septic processes is worth anything, it surely ought to convince us that disintegrating organic matter has no place beside the living, and the wider the range of separation the safer for the individual. When we resort to vaginal irrigation at the expiration of twenty-four hours, we find the canal in a condition suitable for such a procedure. If the amount of carbolic acid does not exceed one drachm to the pint of warm water, and free drainage is secured, surely no poisoning is possible. Too much stress cannot be laid on the importance of having the female occupy a semi-recumbent position, so that the es-

caping fluid may tend to gravitate toward the patulous vulvar orifice. The pressure by which the solution is forced into the passage should be as low as possible, the object being to irrigate rather than inject.

As is well known, when the woman lies on her back the discharges accumulate at the posterior and inferior portion of the vagina, and form a pond well-suited to become the feeding ground for pathogenic organisms. By destroying this nest, which antiseptic irrigation accomplishes, we stop the production of ptomaines and relieve the system of further danger from infection. Appreciating, therefore, the great advantages and the increased safety to the parturient, can we do better than adopt for our motto in obstetrics, and carry out in practice—*"Cleanliness first, last, and all the time."*

DISCUSSION.

Dr. George I. McKelway: If we remember that we are to deal with a wound it becomes us to treat the parts that are to be wounded very much as we should treat them anywhere else. I do not think that any gentleman here would trust to simply douching of the abdominal skin surface before doing a section. My practice in obstetrics has been not only to cleanse the external genitalia with soap solution and with the antiseptic, but also to clean the vagina in the same way. I do not use corrosive sublimate, but a two per cent. solution of creolin and green soap. This solution I use with friction with gauze or clean muslin. I do not believe that a practice which will not be efficacious on a skin surface will be efficacious on a mucous surface coated with secretion, and in all likelihood with diseased secretion.

In a perfectly normal labor, the vagina being perfectly clean and the hands of the obstetrician being perfectly clean, I see no reason thereafter for the use of the douche or injections, either of the uterus or vagina. Even if instruments have to be used, or some manipulation has to be practiced, theoretically I would say that if the instruments and hands are aseptic, douches would not be necessary. Practically, I do not believe that we can be absolutely sure of this, and I believe under such circumstances the risk from the

douche is more than offset by its advantages. For the douche I use a two per cent. solution of creolin.

Dr. Charles P. Noble: In regard to disinfecting the vagina, it is a well-known fact that the skin cannot be disinfected with certainty, no matter what efforts be used. Even if we scrub the skin with soap and water and nail-brush, then soak in permanganate of potash and oxalic acid, and then in bichloride solution, scrapings from the skin will still show the presence of germs. The vaginal mucous membrane is covered with mucus and the water slips over it like water over a duck's back. Unless the reader of the paper has some experiments to bring before us showing that the vaginal secretions are made sterile by the use of the douche, I should doubt that such a result was accomplished. There is no doubt that if there is a collection of foul discharge in the vagina the douche will wash it out, and in so far it is an excellent practice.

I have for a long time believed that it was more important to study the pregnant woman and inquire into the condition of affairs some weeks prior to labor; and if vaginitis be present to treat it in the ordinary manner, and to cure it before the occurrence of labor. I believe that this would accomplish far more in the prevention of perpetual fever and sore eyes than the simple ante-partum douche. This I do not always use, but I have no objection to others using it. If there has been no special leucorrhœal discharge I do not use the douche. We cannot deny that many patients have died as the result of the use of corrosive sublimate, but I have, myself, never seen any harm arise from its use. If the nozzle of the douche press back the perineum and the patient be directed to "bear down," all the solution will escape from the vagina, no matter what is the posture of the woman.

DR. GEORGE M. BOYD: The subject of ante-partum and post-partum vaginal and uterine disinfection is of considerable importance. My practice at the Lying-in-Charity is to give the patient a full bath and an ante-partum bichloride douche. The post-partum douche is carried out irregularly. The post-partum douche is used not only for its disinfect-

ing qualities, but also as a means of cleanliness. The plan which Dr. Noble has mentioned, of treating the leucorrhœal discharge prior to labor, is carried out as far as possible, but many patients are received when actually in labor, and for that reason I feel that it is important to use the ante-partum douche. A recent case was brought to the hospital in the first stage of labor. We recognized a vaginal trouble, probably gonorrhœa in nature. The bichloride douche was used and the baby escaped primary infection. The post-partum douching was not carried out very carefully, and about the tenth or eleventh day the mother inoculated one of her eyes. It seems to me that that case shows the benefit of the ante-partum douche.

Dr. Joseph Price: During the last six years I have kept a record of the number of puerperal deaths occurring in my consulting practice. I have seen over one hundred such cases. I cannot sufficiently emphasize my position in in this matter, for I see too many women dying to hesitate to express myself freely. I have been interested in some eight thousand cases of labor, and I have had nearly thirteen hundred lying-in patients at the Preston Retreat without a death from *any cause*. The practice at the Retreat has been that of the greatest cleanliness possible to obtain, from the admission to the discharge of the patient. I always regard a woman after labor as a wounded patient, and treat her as such. Sometimes the wounds are deep and severe, and without proper antiseptic precautions many of these women would die after childbirth. When I find a woman after labor, dying with high temperature, I generally find a severe lesion of the perineum, vagina, or cervix.

I agree with what has been said in regard to the importance of the ante-partum and post-partum douche. I look upon creolin as absolutely worthless, and carbolic acid as quite as useless. I value the ante-partum douche quite as much for the saving of the infant's eyes as for saving the life of the mother. I firmly believe that if every woman delivered in this State in the next ten years had an ante-partum mercurial douche carefully administered, the number of blind asylums would be reduced from five to one.

In the thirteen hundred women admitted to the Retreat there were three ophthalmias. One was delivered in the gutter, another in the hallway, and the third in the bath-room, all before a bath or a douche. These were the only three ophthalmias born within the institution. There has not been any other cases in the Retreat for two years. I employ as the solution, corrosive sublimate 1 : 2000. I scarcely approve of the friction methods. The writings of Garrigues have done much to perfect practical obstetrics. The results in New York are good. In Boston the results are good, but they are careful to exclude students. In a Baltimore maternity where the material was used freely for educational purposes in the hands of Dr. Rohé, the mortality was below one per cent. for a period of some years. A skillful obstetrician following him for some years, also had good results. During his absence in Europe there was a little relaxation in the discipline, and there were two or three deaths. In Germany it seems that they have about excluded students, and recently they have condemned examinations. In the Philadelphia Dispensary about 104 students have attended about 800 women yearly.

Sometimes there is one death and sometimes two in a year. The students are directed to practice auscultation, palpation, and touch, as freely as they wish, provided they use the soap and brush freely before and after each examination. They give the ante-partum douche. With one or two exceptions there has been absolutely no mischief in a period of fourteen years. The exceptions were in the hands of perfectly vicious students. One student was responsible for two deaths and four fevers in one week.

Dr. Barker: In answer to Dr. Noble's question I would make answer, I have no proof to offer except that since adopting this method, instead of having three to five per cent. of cases of puerperal infection, I have had none. I am confident, therefore, that antiseptic irrigation of the parturient canal does remove a large quantity of the septic material, and renders the canal practically, if not absolutely, aseptic. While I have never had a death from puerperal infection, I have had the characteristic

pulse and temperature where these precautionary measures were omitted.

I was led to adopt the antiseptic method of treating confinement cases through the occurrence of a case of gonorrhœal ophthalmia, in which the infant lost its sight. While the child subsequently died from exhaustion, it being an eight months' baby, the distressing fact that had it survived it would have been permanently blind was so great that I determined to take no further chances on a supposedly aseptic birth-canal. My reasons for using the corrosive chloride of mercury in 1 : 5000 solution instead of 1 : 2000, as employed at the Preston Retreat was owing to the fear of inducing mercurial poisoning.

EXHIBITION OF SPECIMENS.

Dr. S. Solis-Cohen exhibited specimens of desiccated thyroid gland for therapeutic use.

Dr. William H. Bennett exhibited a specimen of thyroïdine, and with the following description of the method of preparation:

The specimen of "Thyroïdine" shown to-night was prepared for me by Mr. Robert McNeil (Howard and York streets), according to the process described in *The Medical News* of March 11, 1893, copied from the *British Medical Journal*.

The process consists in macerating the chopped thyroid gland in glycerine and water, acidulating the filtered extract with phosphoric acid, neutralizing the acid, precipitating the thyroïdine by the addition of calcium hydrate. The precipitate is filtered out, washed, and dried over sulphuric acid.

The process yields but a few grains to the pound of gland, and it can probably be much improved, so as to more thoroughly exhaust the gland. Until some better process is devised I believe it will be found to be better to use the glycerine extract in the treatment of thyroid disease. This I shall at once commence doing. I hope to show a specimen by another process in a short time.

OBSTINATE VOMITING OF PREGNANCY—CURED BY BOVININE.

By ERNEST B. SANGREE, A. M., M. D.

SOME three months ago I was consulted by a patient of mine, a woman of about thirty-two years and mother of two children, in regard to a

curious sensation experienced every time she ate or drank anything. According to her belief her food lodged a little below the level of the thyroid gland, and would neither come up or go down. A week later, though she still had the same sensation, all food and drink was thrown up about five minutes after it was taken. I then found by questioning and making an examination that she was about two and one-half months' pregnant. The vomiting gradually increased in frequency and intensity, until her stomach refused to retain half a teaspoonful of water. In succession I tried the various remedies recommended: oxalate of cerium, wine of ipecacuanha in drop doses, tincture of nux vomica, ice, bismuth, lime water, pop corn, highly endorsed by some, flushing the colon, starvation, coarse foods and delicate foods, and several others. Without exception everything was thrown up by the rebellious stomach.

Over a month had now elapsed since I was first called, and most of this time she had actually been starving, besides enduring the wear and tear of this continued vomiting. She gradually grew too weak to leave the bed and became considerably emaciated. Luckily, I discovered that soda water would lie on her stomach, so that she was not altogether deprived of liquids. She grew so weak that several times she had attacks of unconsciousness, felt that she was going to die, and indeed matters began to look quite serious.

I was just arranging to hold a consultation to discuss the propriety of bringing on a miscarriage in order to save her life, when it occurred to me to make one more trial, and this with Bovinine. I ordered ten drops every half hour. To the great satisfaction of all concerned this stayed on her stomach from the first. It was increased to twenty drops and then to a teaspoonful every half hour. While taking this she did not feel hungry and grew stronger. I kept her on the bovine for three days before trying anything else, in order to get her stomach into the habit of retaining food again. After that period one food and another was given with unvarying success, and since then she has had no further trouble.

CASE OF HARE-LIP AND CLEFT PALATE PROBABLY CAUSED BY MECHANICAL VIOLENCE.

BY MARY GAGEDAY, M. D.

THE subject of teratology is certainly one of the departments of science, in which there is chance for much speculation, and one where the old notion of maternal impression does not explain satisfactorily to intelligent minds all the strange anomalies of nature.

To what extent external mechanical violence will cause malformations, so far as I am informed, is not fully made out. My own opinion has been that the conditions could never reasonably be ascribed to any such cause. The following case, occurring in my practice, has made me question the correctness of such views:

A patient, aged 19 years, missed her menses the tenth of September. The last of the following October, while pumping water, the handle of the pump slipped from her grasp, and struck her such a hard blow on the right side of her face and nose that she fainted. She came to me in a day or two, with face swollen and blackened; also in great distress of mind, asking if it would affect the child in any way? (She had never been a mother and was extremely anxious to become one). I told her not to think of such a thing for an instant, that her face would be well in a few days and the baby would be all right. When she was delivered, I was absent from the city, and another physician attended the case (which was a breech presentation); when I returned I was called, and the first thing my prior patient said was: "Oh, doctor, do you remember the pump-handle?" The child was a perfectly formed boy, except a hare-lip and cleft palate upon the right side. The left side was perfect. As there was no union of the right superior maxillary bone, the nasal and buccal cavities were one; and the child could not nurse, so it had to be fed. It had sufficient vitality to live through two different operations to unite the lip, but finally died of influenza and teething at the age of nine months.

The father and mother were in comfortable circumstances, both young and

vigorous, and both desired the child. I inquired into the family history, and no such case had ever occurred in either the father or mother's family, and they are people who would know if such a thing had occurred, for several generations antecedent. It has been impossible to find any evidence except the blow of the pump-handle, which could possibly have produced the malformation, so that the conviction has been forced upon me that it was more likely cause than coincidence.

Wichita, Kansas.

CLINICAL LECTURE ON PUERPERAL ARTHRITES OF THE SACRO-ILIAC SYMPHYSIS.

By DR. BUDIN.

[Accoucheur to the Charity Hospital, Paris. Translated by E. W. BING, M. D.]

GENTLEMEN:—You will see me examine presently a woman in bed No. 3. This patient had a normal delivery and lying in. Some days since desiring to leave the institution, she wished to try her strength. She found that she was unable to stand upright. Putting the feet to the ground, caused a sharp pain in the left buttock, and radiating over the left thigh. She could not walk from inability to bear any weight on the left foot. In the sitting or recumbent positions there was an entire disappearance of the pain. On the next day I carefully examined her with the following results:

The woman had in 1890 her first pregnancy, which ended prematurely at six and a half months. She was then seized with typhoid fever, to which succeeded two attacks of erysipelas. She could not date the beginning of the second pregnancy. She continued to be pretty regular during the first months, and last December, the flow being repeated and more abundant, she entered the medical department of the "Charity." Although kept in bed she continued to lose during five weeks, at first pure blood and clots and then a reddish liquid. During January, she was permitted to get up. She felt pain of medium intensity in the region of the buttock and thigh. Some other symptoms accompanying this pain it was thought to be due to relaxation of the pubic symphysis and she was sent to

the obstetrical department for accouchement. The evening before labor began she suffered intensely with this pain. Labor occurred spontaneously on April 15th, and ended in seven hours. She suffered much more during the stage of dilatation, than during that of expulsion. Ten days after she tried to get up, with result stated above. I attempted to determine the exact seat of pain. It was felt at the upper and back part of the left buttock, was increased in the standing position, and disappeared on recumbency. The woman being placed prone, pressure on the lumbar vertebræ gave no uneasiness, and the same result over the whole right side of the pelvis. On the left side, above the superior iliac spinous process, behind the sacro-iliac symphysis pressure produced great pain over a limited extent of surface. Pressure upwards on the sole of the foot with abduction of the leg, gave rise also to some pain, but not severe. Pressure outwards and downwards on the ilium also produced the pain, and the same result occurred on vaginal examination over the situation of the sacro-iliac symphysis. No movement of the symphysis could be detected in any position, although carefully sought for, and the diagnosis of arthritis of the left sacro-iliac symphysis was therefore made.

Before discussing the diagnosis, permit me to recall the physiological modifications which take place in the pelvic articulations during pregnancy and labor. In the pelvis there are intrinsic and extrinsic articulations. The extrinsic are those of the sacrum with the vertebra, and the iliac bones with the femur. The important ones are the intrinsic, those uniting the bones of the pelvis, viz: the pubic, sacro-iliacs, and sacro coccygeal symphysis. In a general way it may be said that they are all constituted by more or less flat surfaces of bone, encrusted with cartilages or cartilaginous discs, bound together with ligaments. The sacro-iliac symphysis, possesses an important anatomical feature, consisting of a projection on the ilium which fits a corresponding depression on the sacrum at the level of the second vertebra.

This arrangement was noted by both Dubois and Duncan, who drew attention to it. The object of this pivot or socket

arrangement is apparently to obviate the liability of slipping off the articular surfaces, one or the other from the effects of violence. What occurs in these articulations during pregnancy and labor? The pelvis must be traversed by the foetus, and if it should be somewhat smaller, or the foetus larger than usual, mobility of these articulations becomes of great utility. In certain animals, as guinea pigs, in which the pelvis is very small, there occurs, during gestation, a considerable softening of the ligaments of the pubic symphysis. The same thing occurs in the human female, and the separation may sometimes be felt. With regard to the sacro-iliac symphysis, the same softening occurs. In some animals whose pubic junction is bony, these articulations by separating, provide more room for the exit of the foetus. In the woman the projection on the bones, or pivot mentioned above allows an increase of space, from before backwards. From physiological mobility, to abnormal mobility is but a step; if the modifications are excessive, they may become pathological, whence difficulty of walking, and pain in the articulations.

Two varieties of sacro-iliac arthrites may be noticed, the first accompanied by suppuration, the second without. The first is seen especially in cases of puerperal infection. It is then a local manifestation of the constitutional malady. The form is rarer now than formerly. The second variety is less formidable. The inflammation may come on during pregnancy, which is the predisposing cause—but is especially seen after labor, especially instrumental. In symphyseotomy, if the pubic bones are too widely separated, rupture of the anterior sacro-iliac ligaments may occur and this articulation gape.

The centre of movement is found at the posterior border of the articulation, whence the projection outwards and forwards of the pubic bones, also the separation of the sacro-iliac articulations. Gonorrhoea has been credited with being a cause, but pregnancy, labor and traumatism are the chief causes. The arthritis may be confounded with other affections, as metritis, ovaritis, salpingitis, neuritis of the sacral plexus, etc. Duncan has noted cases of rheumatic inflam-

mation of the sacro-sciatic ligaments. Pressure caused great pain. In addition to these, sacro-coccygeal arthritis may occur with pain on movement of the coccyx. Another disorder may cause similar symptoms, pain at all times and in all positions without any disease of the pelvic organs. This is due to contraction of the levator ani, the whole pelvic floor being sensitive and painful to the touch. The diagnosis must be made by external and internal palpation, done carefully and thoroughly; prognosis varies with the causes. In puerperal infections it is grave, but not necessarily so; some women get well quickly, others suffer long, and in some there is a recrudescence at each new accouchment. Treatment consists in absolute rest in bed, with immobility. Constipation must be avoided. Revulsives, blisters, actual cautery, are indicated. Apparatus suitable for the case may be employed. A sojourn at some mineral spring where baths can be taken is beneficial, but the chief means is immobility of the articulation.—*La Progre's Medical.*

CLINICAL HISTORY OF A FATAL CASE OF SUB-ACUTE BASELAR MENINGITIS.

By S. COOKE INGRAHAM, M. D.

BELIEVING that the clinical history of obscure and insidious diseases, particularly when accompanied by a life history of the patient, will always be of general interest to the profession, I offer the following:

Grace W—, was born early in March 30, 1892. There was nothing abnormal about the labor, and she was of normal weight, and, notwithstanding the fact of her losing her natural food in a few days and having to be artificially fed, from three months of age her weight was always rather above the average for her age. She was always very regular in her habits, sleeping, feeding, bathing and airing with the utmost regularity. She was not under my treatment until her more serious condition was apparent, so I am indebted to Dr. Mary Platt, in whose practice she was, for this early history.

She began teething between four and five months of age, and at eight months had eight teeth. Her teeth came regu-

larly, and there seemed to be little disturbance with them excepting once in October, 1892. At this time there was some bronchitis with considerable ear-ache, and some somnolence noticed. Beginning about the early part of December, when eight months old, she fell off somewhat in her appetite. Her food for the last four or five months of her life (besides milk) consisted of Mellin's food and malted milk. From about the middle of January, 1893, at times, it was noticeable that her respiration was quite irregular. She would take about three full breaths, and then there would be a long interval followed by three more, and so on. This was only at times. From January 19, she did not sleep as well as she usually had. She would wake, seeming to be startled. Such a noise as one coughing would startle her out of sleep. January 28, she had been fretful and her bowels were constipated, so Dr. Platt ordered her calomel, gr. $\frac{1}{10}$ every hour, and this was continued until gr. jss had been taken. January 29. She vomited once; bowels still constipated. No rise of temperature; pulse normal. She had a cough, apparently bronchial. Nothing else was noticed except some somnolence, and somewhat of a staring expression, or somewhat of a fixity of look. She was fretful but not markedly so, for she would be interested in a toy or plaything. At no time did she cry.

She appeared to have a great deal of ear-ache, and head-ache from January 30, to February 12 or 13.

February 2 I was called in consultation by Dr. Platt. Her condition then was: Pulse, 108; temperature, 98.6. Very worrisome and whining and stomach quite irritable. Bowels not free. Has for two days been taking:

Sodii bicarb gr. iij
Tinct. nucis vom ℥ ss
Spt. chloroformi ℥ ij
Aque cinnamomi
Syrupi aa 3 ss

three times a day. I recommended the addition of ammonii chloridi gr. ij to each dose, as well as syrui phosphat. comp ℥ xx four times a day, considering that the four double teeth were the source of irritation to the nervous system.

February 5. I was called in again when the following was the condition

noted. Pulse, 108; temperature, 98.2. Respiration rattling. Voice hoarse. She sleeps most of the time, and there is no life nor animation about her. All four double teeth were quite prominent. The syrup of the phosphates not having been taken, I recommended calcii phosphat. gr. j; magnesia carb. gr. ss, and ferri phosphat. gr. $\frac{1}{4}$, given in her food four times daily, and prescribed:

R Ammon chlor.
Potass. citrat aa gr. xlvij
Syrui ipecac
Tinct. opii camph aa ℥ xlvij
Syrui tolutan ad 3 iij
M. Sig.—A teaspoonful every two hours.

Her condition from that time on, from day to day, was as follows:

February 6. At 9.30 A. M. she had some sort of a "spell" which frightened the family, so that I was hurriedly sent for, but at 11.45 A. M., when I arrived, I found the following condition: Pulse, 100; temperature, 98; respiration, 28. She was sleeping quietly. She constantly puts her hand to her left temple. As the two superior molars were very prominent, I lanced them both, and left her a mixture of sodii bromidi to be given in doses of gr. iij p.r.n. The other treatment was continued.

February 7. 10.30 A. M. She was sleeping quietly on my arrival. Our examination aroused her, and she looked intelligently around. She is said to have had several clonic convulsions, or nervous chills after I left yesterday. Has been quieter since, but was quite restless in the night. I recommended the bromide freely—the cough mixture, p.r.n. and the phosphate powders continued. Her bowels are regular.

February 8. 11.10 A. M. Appears better—looks more natural, breathes regularly—pupils react, but rather sluggishly, to light. She seems to me strangely quiet. Was more restful last night and takes food more freely to-day. Continued treatment.

February 10, 10 A. M. Pulse, 110, Temperature, 99.1. Respiration quite sighing and irregular. Taking about three full breaths and then a long interval. Tache meningeal quite decided for the first time. The lower molars were quite prominent, so I lanced them both. Her pupils were quite sluggish and varia-

ble, and there was temporary strabismus at times. She was quite somnolent, though easily aroused. Her bowels are regularly moved in small quantity. I ordered potass. iodid. gr. j; spt. ammon. aromat. gtt. iv, and potass. bromid. gr. iij. every two hours.

February 11, 10 A. M. Pulse, 120. Temp. 98.4. Respiration very irregular and sighing—3 together with a pause, altogether 18 to 21 in a minute. Pupils equal but sluggish. Bowels constipated. I directed a soap and water enema. She takes the bottle fairly well and undoubtedly sees and hears, and shows some slight intelligence. The tache meningeeal not nearly as decided as it was. Urine fairly free. I recommend the potass. iodid. doubled in dose, and suggested calling in Dr. Waugh for consultation, which met with the approval of Dr. Platt.

February 12, 12.15 P. M. We met Prof. Waugh by appointment. He had come fully expecting, from the history which he had had, to find a case of spurious meningitis or tubercular meningitis in a broken down constitution, but, after a careful examination of the case in all its bearings, and by a process of exclusion, he finally arrived at a diagnosis of "subacute basilar meningitis with some effusion."

She has got rid of the sighing, there is no more strabismus noticeable, her pupils are still sluggish, her respiration is regular and rather more rapid than normal. Her somnolence is quite obstinate, but she will take some food. The prognosis seems not altogether unfavorable, but poor. The treatment agreed upon was as follows: Friction to chest with liniment, ammonii iodid (N. F.), hot bath with cold douche to chest, spirits ammon. aromat. continued. The bromide was discontinued, and the iodide was temporarily discontinued. Calomel gr. 1-20 was substituted every two hours until spinach stools, then iodide to be resumed; caffeine arseniat. gr. 1-67 every three hours, and fl. ext. quefracho gtt j. t.i.d. She is to have some wine, and plenty of good nourishment.

February 13th, 9.45 A. M. Pulse 132. Not as regular as it has been. Respiration deeper, but more irregular. Some strabismus again, and pupils more sluggish than yesterday. Bowels not moved

yet. She does not rouse up at all. I urged calomel gr. 1-20 every hour in place of every two hours, with syrup of senna every two hours, so as to return to the potass. iodid. as soon as possible, also counter irritation to the nucha and mastoids.

9.30 P. M. Pulse 108, regular. No change in apparent condition, except that it seems as though she did not see. The bowels have not been fairly moved yet—slightly this morning. The respiration is decidedly bad—the three respirations with pause and considerable sighing. Slight strabismus. Pupils more sluggish. I gave her mas. hydrarg. gr. $\frac{1}{4}$, ext. colocynth co. gr. $\frac{1}{4}$, ext. hyosciami gr. 1-16, and left another dose of the same for to-morrow morning in case the bowels are not well moved. Ordered the iodide recommenced as soon as the bowels are freely moved, and ordered painting over the mastoids with cantharidal collodion.

February 14th, 10 A. M. Pulse 116. Not much change, but pupils very volatile. We cannot see whether there is any reaction to light or not. They oscillate continually, but evenly together. There were two good blisters which I opened, and ordered dressing with cerat. resinæ. Her bowels were not moved, so I recommended discontinuing the calomel, and substituting epsom salt gr. viijss every three hours until the bowels are free, and sodii iodid. gr. ij with spiriti ammon. aromat. gtt viij every two hours. Her respiration is not as bad, and she is not as quiet as she was, and the strabismus is not as constant.

February 15th, 9.40 A. M. Pulse 172. Pupils oscillating constantly. She has a sort of tetanic convulsion, momentarily, whenever disturbed. Can hardly be got to swallow anything, and was the same most of yesterday. Fontanelle about normal, and has been so all the time. Dr. Platt thought she could hear this morning, but I could see no evidence of it. No tache meningeeal can be brought out. Her reflexes appear about normal. I recommended nourishing by the rectum with beef peptonoids in milk, also rubbing into the shaven fontanelle an ointment of iodoform 3j to 3j, and pushing the iodide and the bromide by the rectum if not swallowed.

7 P. M. She is reported to have tolerated rectal alimentation and medication, except one enema of peptonoids. Her pulse has been down to 130 at times, but up again soon. Her respiration has been improved at times. She has passed no urine since early this morning. I recommended poultices of digitalis leaves to her loins, and full doses of potass. citrat.

February 16, 9.25 A. M. Pulse 212. Temperature 104.5. Even last night her temperature was normal. She has passed urine freely, and the enemata have been fairly retained without requiring a tube for high injection. Respiration more regular. Fontanelle bulging greatly. Right eye-ball quite congested. She is almost constantly in a state of rigidity. She has had two doses of chloral without any relaxation at all. Bowels have been well moved, but nourishment by the rectum has generally been retained. The further treatment of the case was simply with a view to quieting convulsive condition by the use of chloral, bromide, etc. In the afternoon the temperature got as low as 103.5, but at 8.30 P. M., when she died, it was at 107°. She had no severe convulsions at all, but the tetanic state was permanent all day.

At no time during the course of her illness was any retraction of the abdominal walls noticeable, even at death they presented a normal appearance. Not until the last day of her life was there any bulging or even prominence of the fontanelle, but just before death it was very decided. During the last day there appeared to be a swelling which obliterated the hollow of the neck below the occipital bone, and had an œdematous feel.

I have given a description of this case just as it was, merely for the clinical picture, and, as such, I feel it must be of interest.

FRENCH NOTES.

TRANSLATED BY E. N. BING, M. D.

CHESTER, PA.

OCULAR AFFECTIONS OF UTERINE ORIGIN (Galezowski.)—The relation of certain ocular affections with uterine diseases is an example of these morbid conditions whose recognition is most important. During menstruation also these

affections are sometimes seen. Finkels-tein has mentioned the diminution of the visual field, and color-blindness. Repeated styes, corneal herpes, iritis, etc. are concomitants of the menstrual periods.

Exacerbation of ocular affections at these times is the rule. At puberty there have been noticed: keratitis, hemorrhages, detachment of the retina, iritis, etc., which have become cured by the regular establishment of the menses. At the menopause, ocular disturbances are still more frequent. Irido-choroiditis is sufficiently common, and sometimes optic neuritis is observed.

During pregnancy these affections may be due to albuminuria but not necessarily so. Lawson published the case of a woman seized with complete amaurosis, during the last months of eight successive pregnancies, disappearing completely some days after delivery. Labor and the puerperal state may also aggravate eye troubles. Amaurosis, iritis, emboli, etc., have been noticed.

Amenorrhœa may be accompanied by ocular congestion, supplementary hemorrhage, corneitis, iritis: Serous iritis is most often seen in dysmenorrhœa—Uterine displacements may also produce these changes. Inflammatory conditions may have the same result. It is important then to recognize these possibilities. Frequently the periodicity of the affection gives the clue. These disorders will persist as long as the uterine difficulty remains. Asepsis of the generative canal should be obtained during the intervals of menstruation and this will often prevent recurrence.—*Recueil d' Ophthalmologie.*

FILARIA IN THE ANTERIOR CHAMBER OF THE EYE. (Dr. Lopez. *Revue de Ciencias, Medicas y Habana*)—Lopez saw a case of this kind; it presented itself as a very slender thread about twenty-five ccm. long, white. The larger extremity, or head was fixed towards the inferior edge of the iris, the other extremity was free and movable in the anterior chamber. After dilatation of the pupil, a reddish pigmentary mass was seen on the lens. The bottom of the eye was healthy, vision disturbed, but patient could read ordinary print. After 24 hours the head and a large part of the body were hidden behind the iris,

the ball was alone visible in the pupillary opening. A second instillation of atropia destroyed the filaria.—*Recueil d' Ophthalmologie*.

ELECTROLYSIS IN TREATMENT OF STRICTURES OF THE URETHRA.—Tripier has shown that electrolysis with strong currents has produced strictures in dogs whose urethra was intact. Weaker currents produced a less marked stricture. The mucous membrane was not much altered, but a large ecchymosis was observed. In treating traumatic strictures by this means a temporary cure was effected, but rapid recurrence was the rule.—*Progrès Medical*.

THE MINOR SYMPTOMS OF BRIGHT'S DISEASE (Dieulafoy).—The catalogue of symptoms left us by Bright has been very much extended since his time. There is a convulsive form of uræmia, an apoplectic form, a delirious form, which resembles somewhat insanity. Some patients have even been sent to insane hospitals. There is also uræmic headache; uræmic dyspnoea, which takes all forms, from the simplest up to the severest attacks, simulating asthma and acute pulmonary oedema.

We are still governed by the ideas of Bright and Rayer, and when there is difficulty in diagnosis, we look for albumen in the urine as the deciding symptom. If none is found we reject the diagnosis of Bright's disease. But Lancereaux has shown that albumen is an unreliable sign, since there are cases of true Bright's disease unaccompanied by albuminuria. Dieulafoy says: 'For some years I have been taking notes of cases and have at present sixty observations. In a quarter of these albuminuria was wanting during the stay of the patients in the hospital. In other cases persons have albumen in the urine, without being ill at all; and this fact makes albumen only a minor sign in the history and diagnosis of Bright's disease. How, then, should we make the diagnosis? I have sought for some time for a certain number of symptoms, to which I have given the name of "minor signs," which, taken collectively, permit the diagnosis to be made. An individual attacked by this slow intoxication may present:

1. Auditory difficulties, ringing in the ears and deafness. Mounier has sought to bring the vertigo of Meniere's disease into this category.

2. Numbness of the fingers or hand was noted forty-six times in the sixty cases.

3. Chilliness of legs and feet observed thirty-seven times in the sixty cases.

4. Pollakiuria is equally common.

5. Pruritus, likened to the sensation produced by a hair on the skin.

6. Epistaxis, especially in the morning and starting during sleep.

7. The sign of the (temporal) artery. The arterial system is tense, the vessels are bent and hard (without there being arterio-sclerosis), and this is shown especially well by the temporal artery. Each of these signs separately has little value; but collectively are enough to form the diagnosis. These minor symptoms appear to be connected with three morbid conditions: Rheumatism or gout, syphilis and chlorosis.—*La France Medicale*.

ERYSIPELAS.—A method to circumscribe and limit it by means of adhesive strips, covered by aristol collodion, the included space being treated by alcoholic solution of menthol, is recommended by Beall. The disease was cured in about six days, without extending beyond the limits of the plasters.—*Rev. Internat de Rhin ol Otol. et Lar*.

TREATMENT OF PHLEGMONOUS SORE THROAT.—This condition may be primary or secondary; and is characterized by swelling, redness and purulent formation in some part of the pharynx. Phlegmonous peri-amygdalitis is perhaps a more exact term for the disease. At the commencement attention to diet, cool drinks, and food; when pus has formed, warm gargles every ten minutes, inhalations, hot moist applications, rest in bed, liquid diet, purgatives, and early opening of the abscess form the best means of treatment.—*Idem*.

PUERPERAL fever is not always due to intra-uterine sepsis. R. B. Maury (*Memphis Med. Monthly*) calls attention to cases in which the infection was due to the rupture of ovarian cysts or pelvic abscesses, the result of old inflammations.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

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SUDDEN DEATHS IN CONFINEMENT CASES.

PROBABLY within the whole domain of medical science, there is no branch of it which makes a severer strain on the practitioner than obstetrics; nor any class of cases which, in a moment, may call out all his resources, that those of a complicated order in this branch may present. We may talk about trephining the brain, removing ovarian cysts; or, if you will, tying the innominate artery in 'Mott's space,' etc., but the very most of them are comparatively nothing, when compared with a serious accident in labor. For all the latter, the operator proceeds mentally free, and prepared for all emergencies. These belong to operations of selection.

But the practitioner, with nothing more than the few ordinary instruments, enters the lying-in chambers full of hope that nature will take her usual course, and advises the anxious relatives that the prospects of a safe delivery are most gratifying. But, perchance before he leaves that room his physical strength and moral stamina are put to a severe test,

and perhaps he has snatched his patient from the very jaws of death and saved the life of her infant.

No operation known to surgical science demands higher qualities of judgment, discretion, skill and decision, than these sad cases in which *hemorrhage* occupies the foreground.

How many lives are annually lost through the mismanagement or bungling methods sometimes employed to control flooding?

Unhappily, many of the text-books speak of but one type of parturient hemorrhage, the uterine; as though the uterus had no cervix or the vulva any vascular supply.

Not long since a case came to our notice in which a woman was having an enormous *post partum* hemorrhage. With the first gush of bright red arterial blood through the vagina, the medical attendant became quite rattled, and, of course, at once attacked the uterus, stuffing its cavity firmly with antiseptic gauze, and then commenced to inject beef-extract up the rectum, that she might make blood for what she was losing. But, seeing that his patient was fast sinking, and that he was powerless to control the flow, a consultant was sent for. On his arrival, he at once removed all the uterine packing, caught the neck of the uterus and pulled it into the vagina, when there, by the aid of a candle, he saw an enormous laceration up its inner wall, which tore the left uterine artery in two. In an instant the bleeding vessel was in the safe grip of a hæmostatic-forceps; a life had been saved.

We are acquainted with another, somewhat similar case. The woman had a normal labor, but a free hemorrhage promptly followed. Now the medical attendant at once ordered ergot, carried a lump of ice up the uterus, then packed its cavity with a sponge soaked in vinegar, kneaded the surface, and poured

pitcher after pitcher of ice water in, but all to no effect, the bleeding continued.

As the woman was becoming desperately weak they hurried for a consultant. On his arrival he inquired as to the color of the blood. They told him that it was a tarry black. He in a moment allayed their fears by telling them that it would not be a mortal hæmorrhage, and that he believed he could easily arrest it. We can imagine the chagrin of the family physician, as the consultant, with his speculum, showed him that there was not a drop coming from the uterus, with all its tamponage removed, but that it entirely escaped from a large rent in a vaginal varix, which, with a pin and a piece of thread, he transfixed and secured in a moment.

Vinay, in the *Tocological Archives* for April, discusses at considerable length, in a highly valuable contribution, the many and complex factors which enter into the etiology of sudden deaths in labor. Many of them, he says, may be prevented, while not a few are hopelessly mortal. In any event, in all cases of obstetrics, the attendant must be always on his guard for the signal of danger, so that appreciating its significance, he may anticipate and perhaps wholly obviate it.

T. H. M.

Annotations.

THE N. Y. Board of Health announces that it will make bacteriological examinations in any case of suspected diphtheria. This is a good thing; and could with great propriety be undertaken by our own health board. Many cases of pseudo-membranous pharyngitis are doubtful unless a bacteriological investigation is made. The active practitioner has little time for such work and many times the patient is not able to pay for it. If the case is diphtheria it should be quarantined, if not, an onerous burden is removed.

THE law and its interpretations are things that to the ordinary intellect must be numbered among the inscrutable mysteries. The *Doctor of Hygiene* says that the *Post Graduate Journal* was refused permission to send out a large edition at second class rates, while Merck's Bulletin, an advertisement whose claim to be considered a medical journal is too flimsy to deceive a baby, is permitted to send out huge sample editions month after month in succession. This is one of the ways the Post Office Department has of encouraging legitimate medical journalism.

The *American Doctor* asks what is a terin. He clipped an item concerning it from an exchange, and has been snowed under by letters asking for particulars. The trouble was that instead of taking the item from its original source, the TIMES AND REGISTER, he scissored it from a journal that purloined it from us and republished it without credit. The article in question is made by Schering, of Berlin, and can be obtained from Schering & Glatz, in New York.

DR. JOHN B. HAMILTON has resumed his old position as editor of the Journal of the American Medical Association, and Dr. Culbertson has returned to Cincinnati. During the two years of his administration Dr. Culbertson got the finances of the journal into the best condition they have yet seen. He gave us a clean journal, free from objectionable features, pseudo-scientific filth, sensationalism, and undignified squabbling.

As an editor, his place may be acceptably filled; but the journal will be fortunate indeed if it secures a financial manager as capable as Dr. Culbertson.

MUTUAL LIFE INSURANCE.

THERE is one objection to mutual life insurance companies that deserves consideration: The losses by death fall on the customers and not on the company. This makes it of little consequence to the latter if bad risks are taken; and hence agents are allowed a latitude that no old-line company could permit. The necessary consequence is that persons who could not pass the

physical examination of an old line company are readily accepted by the mutuals. An illustrative case occurred to the writer. He was requested to act as examiner for a prominent mutual company. The first man he examined was found to be suffering with three distinct affections, each of which, in the examiner's opinion, was enough to warrant the rejection of the applicant. The report was approved, and *the examiner never had another case sent to him!*

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Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

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ABDOMINAL PAIN.

Mrs. B, aged 26, mother of 4 children, the last five months old. For three years she complained of a biting sensation in the pit of the stomach. This pain or biting appears to radiate all over the upper portion of her body and loins. She came to me a few weeks ago, being under the impression that she had a worm or something like it. Of course, like others, I have read of such cases, but this is a poser. The family are poor. At times her appetite is voracious, and at all times good. In the morning it is the most troublesome, but it may occur at any time. She looks anemic.

W. J. NOLAN.

AYRSHIRE, IOWA.

[Gastric ulcer is the most probable cause of the pain; but a number of diagnostic points are not mentioned. What circumstances attended the beginning of the malady, confinement, accident, or dyspepsia? Is the pain worse after eating? Is there nausea, vomiting, hematemesis, constipation, uterine disease, gastralgia, gastric or intestinal catarrh, spinal tenderness, or any local disease of the abdominal viscera? The worm theory may be settled by examining the stools for joints of tapeworm or the eggs of lumbricoids.

—W. F. W.]

DERMATITIS VENENATA.

Can you give a good remedy for Dermatitis Venenata? I have tried various astringent and soothing remedies with little or no result. Tincture muriate of iron affords some relief in one case, but fails in others.

DR. J. L. HOLMES.

MOUNDVILLE, W. VA.

[Try pilocarpine internally, full dose. Locally, baths or lotions containing soda or ammonia, and after drying, dust with Fehr's talcum powder.

—W. F. W.]

VARICOSE VEINS AND SENSITIVE UTERUS IN PREGNANCY.

Will you please give one a little information and help in regard to the following case?

Mrs. A., brunette, age about 32, of good family history; pulse 86; feet and hands cold; bowels and kidneys acting very well; mother of five children, and is now in the third month of pregnancy; with the following symptoms and conditions:

Uterus low down, is very sensitive and very painful to touch; cannot stand sexual intercourse on account of the pain; some leucorrhea.

The internal saphenous vein of the right leg is varicose, especially prominent about the knee and up the thigh. This is very plain to the eye and the touch. On rising in the morning, there is a rush of blood to the right leg, and she is forced to sit down at once to prevent falling. This soon passes off, and she goes about her household duties, cooking, sweeping and attending to the house. If she does a little too much work, this right leg, (the saphenous vein), especially just above the knee and up the thigh to the groin, gives her a great deal of pain and she is forced to lie down to get any relief. Complete relief comes after the night's rest, each day bringing the same experience. She has been thus afflicted during her last two pregnancies, but is growing worse with each succeeding pregnancy; and the trouble has come on much earlier this time than ever before.

During her last pregnancy, she tried to wear a rubber bandage, but it caused so much irritation of the skin during the warm weather that it had to be abandoned.

When she has these weak, fainting spells from over worry, the abdominal pulsation is very plain.

Now, what is to be done for her relief? She has yet nearly seven months to suffer unless relieved.

1. Would you give anything for weak circulation in extremities, and, if so, what is best?

2. Any uterine tonic, and what? How would Aletris Cordial and Celerina do?

3. For the sensitive and painful os, would you suggest a wash and what?

4. For the varicosed veins of the right leg, what would be the best? The internal saphenous vein is prominent from the groin to the foot, but especially painful just above the knee and in the groin. Other veins are, no doubt, affected too, but this one is especially prominent and painful.

My opinion is that she should have a silk elastic stocking, that would reach from her toes to the oblique groin, measurement as shown by inclosed cut, dimensions given. Nothing short of this would benefit, as the vein is affected all the way up to the groin—Also, it should have meshes in it to prevent irritation in warm weather.

5. Later on, would an abdominal supporter help to give her relief?

Now, you know her condition. Please give me full information as to what is best to do at once.

B. F. TERRY, M. D.

RISEING STAR, TEXAS.

[1. Hydrastis, with a few doses of digitalis occasionally.

2. Try a few doses of valerian.

3. Stop sexual intercourse absolutely. Apply tincture of iodine to the os uteri; and for the leucorrhoea use Mitchell's vaginal tampons of zinc sulpho-carbolate, filled with petrolatum.

4. The elastic stocking should be drawn on before rising in the morning. I would also advise a cup of coffee before rising. Later an abdominal bandage, of elastic web or of flannel, would be of value.—W. F. W.]

SPECIAL NUMBERS.

I can no longer withhold my praise in regard to the TIMES AND REGISTER and its Editor. Certainly no physician can afford to do without it, and the opinions of its Editor will do to swear by.

Now, can you not give us another "hobby?" If it is half as good as the zinc salt it will be all O. K.

I would be glad to see more from your pen in each number. Your "Notes and Items" are especially interesting. Continue to help us with your experience.

I am especially pleased with the "Special Numbers." They are better than any new practice, as they come down to the present hour. In the near future, I would be pleased to see special numbers on the following subjects and in this order:

Chronic nasal catarrh.

Granular lids.

Orchitis.

Lying-in-room.

Puerperal fever; its causes, prevention and treatment.

B. F. TERRY, M. D.

NEURALGIA OF UTERINE ORIGIN.

I TAKE advantage of your kind offer through your "Bureau of Information," and send a description of a patient who has been puzzling me no little lately, hoping you can give me an idea, and a treatment that will help her suffering.

A lady, aged 24 years, married 8 years, has 4 children, the last child 2 years old. Four years ago she was taken with a severe pain in the left side, radiating down the left arm; first there comes a feeling of coldness in the left side, then the pain follows. These attacks are very frequent, with pains in all portions of her body and considerable soreness of the muscles. Any exposure to cold, or very little exercise will bring on an attack. Her general condition is good; her appetite is good, and her body is well nourished. She has occasional attacks of biliousness, and had ovaritis just after the birth of the last child, with pains in the groins, radiating down the thighs (I was not treating her then).

Her monthly periods come at the regular time, but are very scanty; they last about two days, and there is no more than one tablespoonful of blood thrown off during the whole time. This blood is very black and offensive. She has a backward displacement of the uterus. She feels as if a free discharge of blood at the periods would relieve her greatly, but I have failed to increase the flow.

What will increase it?

She has attacks occasionally that prostrate her from weakness; she feels as if

she cannot live, her pulse is weak and quick, her feet and hands cool. I cannot find any heat lesion, but the heat is irritable. She has frequent calls to urinate when these nervous, prostrating attacks come on. She has been treated by two other physicians, with no benefit whatever. She has taken full anti-neuralgic treatment; strychnine, arsenic, iron, etc. I am now giving her phenacetine and salol for the attacks, and they relieve her somewhat; with iron and myrrh pills for the periods, electricity to the left side for the anginous pain, that particular pain moves from the left side under the use of electricity, and is not quite so severe. Anyone not knowing how she suffers would not suppose much was the matter with her, for she looks well, but is beginning to weaken within the last month. I have about exhausted my store of knowledge, and now appeal to you for help. Her bowels are somewhat constipated, moving every other day. She is so nervous that, at times, if anyone touches her chair or clothing, she screams. The pains throughout her body are worse at her menstrual periods, when she has also backache.

J. R. HOPKINS, MD.

HOPKINS, S. C.

[Replace the retroverted uterus and sustain it with tampons of wool, steeped in pure, water-free glycerine. Give apiol in full doses, beginning one day before menstruation, through this period. Wampole's cod-liver oil preparation as a good reconstructive tonic; phenacetine and salol, or salophen, to relieve the pains. Order woolen underclothing, a flannel abdominal bandage, loose corsets, and care against taking cold. The morning cold shower bath would be beneficial.

ED. T. & R.]

• DIAGNOSIS OF PREGNANCY.

PARVIN, in his most excellent work on obstetrics, tells us that "Van Swieten said that the physician's reputation was never more imperiled than in deciding as to pregnancy, frauds everywhere, often everywhere 'snares prepared for the unwary,' and in the same chapter quotes Tardieu — Sur les Grossesses Fausses et Simulees—as authority that "all signs of true pregnancy, except the *bruit* of the foetal heart, may be observed when there is no pregnancy, from the development of the abdomen and breasts up to movements and efforts of labor."

Reading on in the same work, and in Winckel and Lusk, I note how frequently a wrong diagnosis has been made, by physicians of very long experience some of them "venerable colleagues," and how that more than once an abdomen has been opened to remove a tumor and a pregnant uterus found. Taking the above into consideration, I trust you will find justification for my troubling you for help, in a, to me, very difficult case, which confronts me in the commencement of my professional career. Unlike many of my brethren just after graduation, I don't know everything, and am content to sit at the feet of Gamaliel for some time to come.

Mrs.—, aged thirty-eight, occupation housewife, German, brunette, consults me to know if she is pregnant. Her last menstruation ceased January 21. Before that for five months she was regular, but reports history of irregularity and menorrhagia. Does not think she is with child. Fancies it may be the change of life. Says her mother and sister were affected just the same way at the period of the menopause. Her sister "got clothes all ready for the baby." She has had five children; one miscarriage.

Subjective Signs. Feels languor and chilliness sometimes. Excellent health. Bowels regular. Appetite good.

Menstruation. Absent since January 21, 1893. Regular September to January. Frequently irregular going sometimes eight weeks. Menorrhagia.

Nausea. Vomiting. Salivation. Negative. Remembers Dewees' "cotton spitting" last February, but thinks she has catarrh.

Nervous Disorders. Somewhat nervous.

Mammary Pains and Swellings. No pains. "Swelling not as great and breasts not as hard as when last child was six months old."

Irritability of Bladder, Leucorrhœa. None. "Whites once in a while." "Had it always when pregnant before."

Quickening. Not the slightest trace.

Objective. Woman is a hard worker. Face worn looking, but healthy. Thin. No discolorations on it.

Breast. Well illustrated on page 185, Parvin, second edition. Veins, how-

ever not showing. Tubercles of Montgomery very prominent. Primary and secondary areolæ quite pronounced.

Breasts. Not hard. Swollen. "Not as much as usual." Milk squeezes out of one. Aqueous fluid out of other.

Pulse. Jorissene's sign. Negative. Sitting, 90. Standing, 95.

Abdomen. Swollen. Appearance 6-7 months. Striæ and pigmentation "always there." Line from pubes to umbilicus "plainer than usual." Umbilical pouting.

Has to me every appearance, so far as size and form are concerned, of pregnancy.

Temperature. Axilla, 99.1. Vagina, 99.4.

Vagina. Dark; evidence of vascularity; no bluish tint.

Woman on back, bowels and bladder empty.

Os difficult to reach with index finger. Directed backward to sacral cavity and to left.

Os soft and velvety.

Admits finger easily.

"Finger passes somewhat abruptly from cervix to a round expanded body, walls elastic, depressible and yielding.

Vaginal Ballotement. Right hand in vagina on uterus in front of cervix, other on abdomen on fundus which lies just below umbilicus. There is little doubt about that. Pushing down on fundus I could feel solid body come against my right index finger. Making quick movement with latter, I could feel once out of every three times a sharp tap in response immediately. Felt exactly like tap I have sometimes got when I laid my hand on abdomen of patient who felt quickening. My patient was but feebly conscious of these responses. I could feel nothing at fundus. There was no feeling of a body floating away and gradually coming back. The tap was immediate, quick and energetic. A "kick" in fact. It seemed to me like life.

Abdominal Ballotement. Results negative, although I spent over half an hour at it alone. Could not get a movement. Simply got between my hands a body easily swayed to and fro. No fluctuation, no tap, abdominal walls quite thick. Unmistakable dullness on percussion in umbilical left lumbar and hypogastric region as far up as umbilicus.

Abdominal Palpation told me nothing except that I could map out an elastic compressible mass the size of a pregnant uterus. Tried Hicks' method for contractions but got none.

Auscultation. No evidence of foetal heart. Patient stood all these manipulations without inconvenience. Says abdomen has always been sensitive during previous pregnancies.

I made a cautious guarded diagnosis of pregnancy, with living child, and told patient to see me again in ten days.

If you can make anything out of the above information will you kindly favor me with your opinion, brief as you like. Thanking you for your anticipated kindness,

JAMES A. EGAN, M. D.

FORT SHERIDAN, ILL.

[It is not safe to pronounce on the question of pregnancy until the beating of the fetal heart can be distinctly made out. Sometimes this is very difficult, and even a skillful and experienced obstetrician will find it wisest to postpone his verdict for a time.—ED. T. & R.]

The Medical Digest.

CHEST PAINS.

THESE may be due to:

1. Intercostal neuralgia; tenderness at points only.

For neuralgia strap the chest and give arsenic, with an occasional mercurial purge. Quinine acts best after mercury.

2. Rheumatism of the fascia; the whole region being tender.

Chest rheumatism is connected with beer-drinking. The salicylates are useless; alkalies of doubtful utility. The best remedy is water, drank in enormous quantities.

3. Neuritis; circumscribed linear tenderness.

4. Acute pleurisy; chill, fever, friction sound.

5. Dry pleurisy; very common, relieved so surely by adhesive straps that this relief confirms the diagnosis.

6. Neuroma.

7. Aneurysm; may not cause pain, even if large.

8. Cancer.

9. Ataxia.

10. Spinal disease.
11. Bronchitic pain; calls for strapping and opium.
12. Myalgia; relieved by straps.
13. Mitral disease; rarely painful.
14. Aortic disease; generally painful.
15. Dyspepsia; diffusible, radiating pains.
16. Diabetes mellitus, in later stages; pain at center of sternum. A bad omen.
17. Zoster; pain may precede eruption for days.
18. Angina pectoris.
19. A pseudo-angina, occurring in women; not relieved by nitrites, but instantly by chloroform.
20. Phthisis.
21. Syphilis.
22. Gout.

—H. M. Brown, *Cinn. Med. Jour.*

MASTITIS.—Five years ago I attended a young woman for a mammary abscess following her first labor. The sufferings then experienced led her to avoid pregnancy since, but on June 23, 1893, she bore her second child. Within a few days the breasts swelled, were full of hard lumps, and were very sore, especially at the seat of the old abscess. I was urged to dry up that breast, as all thought a fresh abscess was unavoidable. The breasts were rubbed with dilute camphor liniment, one part to four of olive oil, as hot as could be borne; the fissures in the nipples were delicately penciled with comp. tincture of benzoin, and campho-phenique, equal parts; and an ointment of phytolacca applied over both breasts. These were also supported with a bandage.

Internally she took an antipyretic pill composed as follows:

R Phenacetin gr. ijss
Zinc. sulpho-carbolat gr. ij
Pulv. digitalis gr. ss

M. S.—For one pill. To be taken every four hours as long as the temperature is above 100° F.

The abscess was aborted, the nipples healed in two days, and all difficulty was at an end.

This woman had grown very fond of drinks, and consequently quite stout. She was inclined to eat no solid food, but to swill soup, milk, water, etc., from morning to night. I stopped this habit

and compelled her to eat proper food and take little fluid; and am sure this aided materially in the speedy cure.—*Waugh.*

PICHI.

- R Fl. ext. pichi. 3 iiss
Glycerini 3 iv
Elix. calisayæ 3 j
- M. Sig.—Teaspoonful in water every three hours till relieved, then three or four times a day.
- R Fl. ext. pichi. 3 ij
Liquor. potass. 3 iv
Glycerini 3 iv
Elixir calisayæ q. s. ad 3 iv
- M. Sig.—Tablespoonful in hot water every six hours.
- R Fl. ext. pichi. 3 j
Potass. nitratis 3 j
Elixir. 3 iij
- M. Sig.—Teaspoonful once in two hours.
- R Fl. ext. pichi. 3 ij
Fl. ext. hyoscyami 3 ij
Syrupi. 3 ij
- M. Sig.—A teaspoonful before each meal and at bedtime.
- R Fl. ext. pichi. 3 j
Fl. ext. hydrangæ 3 j
Fl. ext. hyoscyami 3 ij
Syrupi. 3 ij
- M. Sig.—A teaspoonful three times a day and at bedtime.

Parke, Davis & Co., were the first to introduce pichi to the profession.

ERGOT IN OBSTETRICS.

1. Ergot affects all distal muscle fibres the same.
2. Its most powerful action is on the os internum.
3. Causes contraction of uterus with incompleteness of retraction.
4. Contra-indicated in inertia utero, especially that of primiparæ.
5. It should never be given to expel secundines after abortions.
6. It is only secondary measure in treatment of post part hemorrhage.
7. Unnecessary after placental stage.
8. Causes unnecessary after-pains.
9. It may influence lacteal secretion if given routinely in tonic doses subsequent to delivery.—*Harrington, Ontario Med. Jour.*

Leptothrix mycosis of the throat is very difficult to cure. The teeth should be investigated, for there you may find a nidus for the parasite. This is said to

assist in the production of tartar and decay of the teeth. The deposits should be removed, if possible, by forceps or the curette, or, still better, a galvano-cautery point should be inserted into each deposit, applying it to several each day, and making the applications not too close together. This treatment is slow, painful, and tedious. Cocaine will of course prevent the pain. This treatment gives the best results.

Again, all foods (such as sweets) which are liable to ferment in the alimentary canal should be stopped, and the canal kept as aseptic as possible. Sometimes the disease disappears, as I stated before, without treatment; again, no treatment does any good; then again, calomel internally with the alkalies and salol and naphthaline may make a cure; but it is well in a genuine case of mycosis leptothrix pharyngea not to make any promises of permanent relief. Cases may hang on for years, and pass from physician to physician, yet get no benefit—*Cheatham, Am. Pract. and News.*

FOR GONORRHEA.

Givesalines and copaiba internally. Inject thrice daily with sublimate solutions, 1 to 10000 or 20000, followed immediately by:—

R Zinci sulphatis gr. vj
Bismuth subnit ʒij
Acaciae ʒij
Aque dest ʒij

M.

—Lee, in *Lanphear's Index.*

KRAUSE (*The Clinique*) speaks very favorably of trional as a hypnotic in exophthalmos, epilepsy, hysteria, neurasthenia, neuralgia, vertigo, and nervous affections at the menopause. He gave the drug in doses of eight to ten grains. In the neuralgic cases an equal quantity of antifebrin was added. In one case of prurigo the trional seemed to aggravate the malady.

COCAINE phenate is anesthetic, but requires stronger solutions than the hydrochlorate. The former can be used when there is an idiosyncrasy towards the latter.—*Veasey, News.*

TREATMENT OF UREMIC CONVULSIONS.—Bloodletting should be confined to acute, sthenic cases, if used at all.

Chloroform will stop convulsions but is dangerous and treacherous. No one now thinks of giving ether. Opium is preferable to bloodletting, but only lessens nerve irritability. It has no equal for lesser uremic symptoms, dyspnea and palpitation. Pilocarpine may be used in the intervals, to cause sweating. It is a dangerous cardiac depressant. Veratrum viride with opium I have used for two years with uniform success. Give the morphine hypodermically and at once follow by injecting Norwood's tincture, m v—x. The fits soon cease and do not recur. The pulse falls to 30, without harm. This drug is also prophylactic.—Page, *N. Y. Polyclinic.*

SAPREMIA is due to absorption of toxic matter from the puerperal uterus. The symptoms are: headache, frontal, occipital, ocular or general; fatigue; drowsy insomnia; gastro-intestinal disturbance; thirst and anorexia, bilious symptoms; fever; high pulse; pains in the limbs; worry or excitement; delayed involution; abdominal pain and tenderness in gonorrheal cases. Cracked nipples are apt to be followed by mastitis.

The treatment consists in removing septic matter from the uterus and vagina, and combating symptoms as they arise.—McCann, *The Lancet.*

MASTITIS.—Give internally the fluid extract of phytolacca, ten to twenty minims every four hours, and apply locally:

R Pulv. phytolaccae
Ext. belladonnae aa ʒj
Pulv. camphorae gr. x
Ung. zinci oxid. benzoat ʒj

M. Apply a bandage to support and compress the breast uniformly.

—J. W. Angle, *The Clinique.*

VACCINE lymph, preserved in glycerine not only retains its virtues indefinitely, but actually gains in strength; so that it appears likely that the specific principle multiplies in this medium.

GLYCOZONE, diluted with twelve parts of luke-warm water, is advised as a rectal injection in chronic intestinal catarrh.

FOR PNEUMONIA. — Spence (*Med. Record*) reports a mortality of 21.05 per cent. in 228 cases treated in hospital by the following:

R Tr. aconiti ℥ xxiv
 Tr. opii camph. ℥ ij
 Liq. ammonii acet. ℥ ij
 Syr. zingiberis aa ℥ ss
 Aque q.s. ad ℥ vj
 M. S. — ℥ ss every two hours.

The bowels were first moved by calomel.

Morphine was given occasionally for insomnia or cough.

If the temperature stood above 104°, the cold half-pack was employed.

Of all drugs, arsenic appears to be the most valuable in aiding nutrition to overcome the disturbances that result in uric-acid diathesis. — *Herter, N. Y. Med. Jour.*

News and Miscellany.

MONTHLY BULLETIN OF THE NEW YORK STATE BOARD OF HEALTH. — There was an average daily mortality during May of 346; that of April having been 395, and of March 387, and of the four preceding months 364. The increase in mortality, which began in March, due to *epidemic influenza*, is yielding, but the number of deaths is higher than it was a year ago, and is apparently about 500 above the normal for the month, and may be attributed to a continuance of the epidemic of influenza, which, during the three months, appears to have caused about 4300 deaths. The falling off in the death rate is most marked in the Maritime District, and least in the Southern Tier District, where it appears to have been but little disturbed by the epidemic. The variations have been about equal, proportionately in the cities and in the rural districts. The usual spring increase in *cerebro spinal fever*, has been greater than usual, and is limited almost entirely to the Maritime District, where 138 of the 159 deaths occurred. The same is true of whooping cough which is causing three times as many deaths as a year ago in

that district. Scarlet fever, diphtheria and measles are less prevalent than usual and are distributed more uniformly throughout the State, deaths being reported from a considerable number of rural towns. Consumption caused 100 fewer deaths than in April, and deaths from local diseases are all diminished. There were 544 deaths from accidents and violence, which is an unusually large number. The death rate of 150 cities and large town was 21.90. The month was rainy, there being an excess of 2.02 inches of precipitation above the average, and rain falling on fifteen days. The average temperature was a little below the normal.

At a meeting of the Obstetrical Society of Philadelphia, Dr. William S. Stewart presented a case of superfetation in a bifid uterus. The patient was a primipara, presenting no special symptoms during gestation. She was delivered after a long and difficult labor, of an enormous child. On examining the abdomen with the intention of removing the placenta, a hard resisting body was found in the right upper corner of the uterus, which proved to be another fetus. The membranes were ruptured and the fetus delivered. It proved to be an immature living fetus, of from six to seven months gestation. The child is still alive, nearly two months old.

Dr. E. H. Woolsey, of Oakland, Cal., has republished in pamphlet his report to the California State Medical Society on Colles' fracture, with photographic illustrations of the splints used in the treatment of this injury, and of other fractures of the fore-arm.

DR. OBETZ, of the Homœopathic wing of the University of Michigan, proposes that the sectarian school be abandoned, and homœopathy taught to all students as part of the course. For this he has been ostracized by his state society.

SURGEON PARKE speaks of the severe malarial attacks following bathing in African rivers. Even the donkeys had fever corresponding to that of the men, after immersion.

The Times and Register.

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THE TREATMENT AND CURE OF LEPRA TUBEROSA WITH EUROPHEN.

By DR. JULIUS GOLDSCHMIDT, Madeira.

(Reprinted from the Therapeutische Monatshefte April
1893.)

The attempts to institute a rational treatment of leprosy by internal or external remedies, have been characterised thus far by so unsatisfactory results, that most physicians practising in countries in which leprosy prevails have come to regard all therapeutic measures under the conditions hitherto existing as hopeless. On the other hand we observe in the unimpeded course of this disease certain circumstances which should constantly impel us anew to a judicious effort to influence single symptoms if not the entire disease. These circumstances are the arrest in the development of the cutaneous thickening, continuing for many months and even years, or the complete remission in the appearance of new eruptions, for a long period, or the atrophy of the nodules (attended of course with the pronounced destruction of large areas of tissue), the extraordi-

nary resistance to the disease manifested by the organism or some of its parts, such as the scalp the extensor surface of the extremities; further, that the observation that this affection never appears as an acute one, but that the affected areas are only the seat of an acute inflammation; and finally the therapeutic experience which I was the first to make with tuberculin,* that it exerts a specific influence upon the nodules but unfortunately only causes a temporary retrogression. All these facts urgently impel to new therapeutic experiments. In estimating the results obtained from the treatment of leprosy, we must of course be reserved, for as already mentioned a remission of long duration is frequently followed by a paroxysmal sudden further development of the affection. During a period of many months I have measured certain nodules and patches in the most accurate manner, without detecting even the slightest difference in size; until sud-

*All my cases treated with tuberculin [see my article on "Leprosy and Madeira, 1891, F. C. W. Vogel, Leipzig], became worse soon after initiation of this treatment. In the case of a child ten years old a real facies leonina had developed from the isolated patches in less than two years. This is the more remarkable since prior to puberty the course of leprosy is usually very chronic.

only without any external influence they began to grow, and within three to four weeks had attained to double their previous dimensions; or in the same inexplicable manner new foci developed at a greater or less distance. This observation was confirmed by means of photography, which permits an accurate measurement of the projected nodules. Indeed one finally reaches the conclusion that leprosy produces local foci at some orifice on the skin or a mucous membrane (nose). These spread slowly along certain routes, avoiding as long as possible the regions of the body where the skin is tense (such as the skull and the extensor surface of the extremities). This pronounced tendency to commence as a local affection and to remain local during its entire course extending over many years, and even decades, is an important indication of the possibility of influencing and even curing the disease by local means. I have never observed an acute leprosy resembling an acute miliary tuberculosis or an acute disease produced by absorption of the metabolic products of the bacilli. Every focus undergoes its own process of evolution. Death is brought about by the complications and scarcely ever by the disease per se, since the vital organs are seldom attacked or only at a late period. Whether the chronic pulmonary phthisis so frequently observed at least in Madeira is of leprosy or tuberculous character I will not attempt to decide.

In view of this position of clinical observation, the idea suggested itself to extirpate the isolated nodules at the beginning of the disease and in this way to arrest the spread of the infection. The total extirpation of small nodules is unattended with difficulties; the wound cicatrized rapidly and no appearances of leprosy manifest themselves at this place for a long time, until finally new eruptions develop around the scar or in its vicinity. Long before surgical treatment was resorted to it had been customary to employ local measures, consisting, in inunctions of various substances; among which chaulmoogra oil enjoyed the best reputation. As a rule, however, other remedies were administered internally at the same time. All such experiments I made during a long series of years, without any real or permanent results. For this

reason I have sought to find a new remedy and a new method of treatment.

Among all the local remedies employed against the tubercle bacillus, which is so closely related to the organism of leprosy, iodoform has probably given the most satisfactory results in tuberculosis of the joints, bones and glands. Its employment in leprosy commended itself for many obvious reasons. I was soon compelled however to refrain from its use on account of the general disturbance it occasioned, such as elevations of temperature, which became dangerous on account of the wretched and feeble condition of the patient. Euophen (I am greatly indebted to the Farbenfabriken Vorm. Friedr. Bayer & Co., Elberfeld, who placed the remedy at my disposal. A quite extensive literature exists relative to the chemical constitution and therapy of the remedy, in most of which a favorable opinion is expressed), appeared to me to be a harmless substitute, rich in iodine (28 per cent), which probably is the sole effective element, and in my further experiments I made use exclusively of euophen. My observations were made in five cases and extended in four over a period of eight months, and in one case (which was cured) over fifteen months. The remedy was employed to the exclusion of all other measures while the patient's manner of life remained unchanged.

I first treated advanced cases of *Lepa Tuberosa*, in order to form an idea of the manner of application of the remedy and the action on certain nodules or diffuse thickenings. If a pronounced effect followed then the treatment must be energetic; either by continuous application of euophen both during day and night, or by the introduction of the remedy into the nodule itself. In experimenting with injections of the remedy, I was actuated by the thought that it might be possible to effect an immediate curative result, and at the same time I tried to increase the tension within the nodules to a maximum; for as already mentioned, where the skin is tightly stretched regions remain intact as a rule, or at least for a long time; and one also observes an involution of the tumors as soon as they have attained a certain degree of development, and consequently a certain degree

of hardness. In order to convince myself of the innocuous character of the remedy, I employed at first a few subcutaneous injections of a three per cent solution in oil; which were well borne in amounts of one centimetre (a syringeful), without producing a local or general reaction. The strength of the solution was gradually increased to 5 per cent.

Case 1. Alexandria Rosas, aged forty-eight, coming from one of the villages of the Southern Coast. Parents are not leprous; a sister, a male and female cousin had died of leprosy. The patient is married and had eight children, two of which are still alive and not leprous. She had lived thirty years in Demerara, British Guyana, has been sick seven years and returned to her native place three years ago. The disease has invaded almost the entire cutaneous surface and the mucous membrane of the pharynx and larynx. A five per cent solution of euophen in oil, was injected into the degenerated skin of the arm at different places. No improvement was noted at the end of three weeks. The leprous infiltrations opposed a considerable resistance to the injections, which for this reason could be practised only slowly, drop by drop, at various places until the skin became tense and further introduction was impossible. The absorption of the oil requires at the very least three days, and sometimes eight days, and on this account a number of infiltrated patches not too far removed from each other were subjected to this proceeding. Owing to the incredulity which the patient manifested toward any kind of interference, the treatment was suspended at the end of three weeks. The leprous lesions were not affected in any manner. I would remark here that no formation of abscesses occurred in this case or in any of the other cases; of course all the injections were made under aseptic rules.

Case 2. Pedro Peleiro (see illustration and history in the article on "Lepra in Madeira" already referred to). This far advanced case will only serve to emphasize the harmless character of this treatment. After it had been kept up for seven months the proceeding was discontinued. Several of the nodules had become flatter, but at the present time, almost a year after the commencement of

the treatment, a change for the worse has manifested itself.

An attempt now was made to select cases in which the nodules were sharply circumscribed and to continue our further experiments on these.

Case 3. Silva, aged nineteen years, coming from the northern part of the island. Had been sick eight years. Father died of leprosy. *Facies leonina* present. On the extremities circumscribed nodules, chiefly isolated, varying in size up to a pigeon's egg. Over each olecranon isolated tumors of the size of a cherry which seemed especially adapted for the experiment. These nodules were injected as frequently as possible, usually every third day, with the largest possible quantity of euophen oil, five per cent. At the close of the small operation the originally doughy nodules felt hard and tense. After six months of treatment the nodules had decreased to one third of their original size. At the present time, eight months later, the nodules have not enlarged, though the disease has slowly advanced.

Case 4. Isabel Gonsalves Serras, aged twelve years, coming from the western part of the island (see page 1. c. 2). In this case there ensued after the tuberculin treatment, which at that time was not followed by visible results whether favorable or unfavorable, a subacute exacerbation such as I have observed only at the time of puberty; which in these mentally and physically backward children is much delayed. At first subcutaneous injections in the vicinity of the affected areas of the skin were tried for six weeks, but without success. Later the nodules were treated as in case 3, the treatment being continued for five months. The nodules slowly decreased in circumference and at the close of the treatment were of about one-half of their original size. The disease however progressed rapidly, so that after six months the nodules treated on the arms and legs had attained their previous size.

Case 5. Maria Julia (illustration and history 1. c.) The disease was characterized by the formation of nodules on the left side of the mouth, the left upper lip, the chin, the right eyelid, the point of the nose, and on the right upper and lower extremity. To secure as lengthy

and uninterrupted treatment as possible, the injections were discarded, and after about fifteen months I began to treat the degenerated leprous patches and their vicinity with inunctions of five per cent. euophen oil thrice daily. All the thickened and suspicious areas of skin were gently rubbed with oil for a period of five minutes. Any oil remaining on the skin after the inunction was not removed, so that the parts were kept in contact with the remedy day and night. It (euophen oil) was also introduced into the nose three times daily. The patient continued the treatment conscientiously for ten months, interrupting it during the latter part of her pregnancy and the four weeks following the birth of her child which was vigorous and healthy. The result of this treatment was truly astonishing, although I had been previously acquainted with the action of euophen in weakening if not totally destroying the bacilli. As early as four weeks after the application a decided improvement could be noted; the swollen upper lip and the thickened eyelid diminished in size, the intense redness subsided and the patient could open her mouth more readily and widely, and pucker her lips more tightly. The affected patches of the skin on the extremities all showed signs of improvement. Without entering into the details of the slow but steady progress toward recovery, I will only report the ultimate result of fifteen months treatment. The eyelids are perfectly normal, so that the original site of the disease can no longer be detected. The large leprous area on the upper lip and angle of the mouth, and the smaller one on the chin are completely cured; the skin can be lifted up in folds; is of a light brownish hue and somewhat depressed toward the periphery; bacilli can no longer be detected in it. The point of the nose alone is still somewhat swollen and reddened; here also no bacilli are present. The leprosy of the lower extremities has been perfectly cured; at the former situation of the disease the skin is of a brownish color, but feels healthy and contains no bacilli. The general condition of the woman is excellent, and was never disturbed during the long course of treatment.

I will, nevertheless continue the treat-

ment for an indefinite period. At any rate, a sufficiently long time had elapsed to warrant me in regarding this case, whose constant advance I had observed for a number of years, as influenced therapeutically or even cured by this remedy. During a period of twenty-five years observation of leprosy such a result, such a decided cure, has never occurred, notwithstanding all the pains and care I have taken in the treatment. Indeed I would say that a case in which a cure has been effected has never come to my knowledge.

Accordingly, this case, although an isolated example, seems to urgently demand us to use the same remedy and the same method in other cases, the more so since the injections into the nodules also exerted a distinctly favorable effect. I would exclude the case of extensive degeneration of the skin inasmuch as the surface to be treated is too large. Symptoms of iodine poisoning might be produced, and besides this, deep and extensive changes of the mucous membranes are present which cannot be rendered accessible to treatment.

The treatment by means of injections is more painful than that by inunctions, but has the advantage of not making so many demands upon the patient, whose frequently low intelligence renders him incapable of independent action. The patients should be under medical supervision.

For obvious reasons I have not subjected cases of nervous leprosy to this treatment. I selected euophen because it is a compound of iodine. Perhaps similar preparations might subserve our aim to effect a cure of leprosy.

Note: In the course of the above therapeutic investigation I also made experiments with pyoktannin, which was injected into the leprous nodules in solutions up to 1 per cent., inasmuch as other observers have expected to obtain curative effects from the parenchymatous administration of the aniline dyes, as for instance in cancer. I thought it possible to exert a healing action in leprosy by staining the cells and bacilli in corpore vivo. It is an easy matter to demonstrate the coloring. All that is necessary is to fill a small nodule as much as is possible with poktannin and then

exterminate it for examination. The experiments, which were continued for five months, unfortunately gave no curative results; and the nodules remained of the same size, the disease not being influenced locally or otherwise.

Book Notes.

MODERN GYNECOLOGY. A Treatise on Diseases of Women. By Charles H. Bushong, M. D., N. Y., E. B. Treat, 5 Cooper Union, 1893. Cloth, 8 vo., pp 380. Price, \$2.75.

In Gynecology the progress is so rapid that books grow old almost as soon as they drop from the press, hence, there is a constant demand for new works, and the newest is always the best. Dr. Bushong's book is finely illustrated, and not too large; it is succinctly worded, with no lengthy details of a technique that should be known to every practitioner. We could well have spared the space, small as it is, given to the soft rubber pessaries. The author does not say he employs them. We would like to know of a single competent gynecologist who does.

THE RECORDS of the American Catholic Historical Society of Philadelphia, quarterly, now in the fourth volume. The number before us contains some very interesting data concerning the early history of this country, drawn from the church records.

A Medical Pocket Atlas on Obstetrics is issued by L. Hydel, Publisher, 212 E. Fiftieth street, N. Y. city. It is the work of O. Schaeffer, M. D., of Munich, translated and published under the supervision of J. Clifton Edgar, M. D., Adjunct Professor of Obstetrics in the University of the City of New York. It seems to the writer that this is just what a young practitioner would want to have with him when attending an obstetric case, to refresh his own memory as to the positions, emergencies and manipulations; and perhaps to illustrate the state of affairs and his methods to the family. A picture often shows the need of operative interference in a way that no words can do. The price of the Atlas, bound in stiff boards, is \$1.80.

Mr. Hydel also publishes The Obstetric Examination, a short guide for Physicians, students of medicine, midwives, and students in midwifery, by Professor E. Crede, M. D., and Professor G. Leopold, M. D., (Private Medical Councillor,) with five cuts, edited (with permission of Prof. G. Leopold) by J. Clifton Edgar, M. D.

It is an extract from the fifth edition of the text-book of obstetrics for midwives published by the authors.

In order to give the widest possible publicity, in an accessible form, to the most recent experiences concerning the prevention of puerperal fever, the authors have taken two chapters from their text-book and issued them separately under this title. The chapters contain the external examination and the antiseptic regulations which are to be regarded as new and of fundamental importance. Price, 25 cents, postpaid.

News.

Hamburg allows no Russian to enter her territory, unless provided with a through ticket to America.

It is claimed that the introduction of the new small-bore rifle will necessitate an increase in the medical staffs of armies generally.

The anti-vaccinationist authorities of Leicester, England, are making things hot for their corporation doctor, for telling unwelcome truths about vaccination and the recent small-pox outbreak.

Cows fed on cotton-seed and seed-cake produce a poorly flavored and very tough butter. Gluten meal as a food raises the percentage of oleic acid and the volatile acids. The butter is highly flavored and very soft. Corn meal produces little oleic acid and an average quantity of volatile acids. Clover increases the latter and adds slightly to the oleic acid; as does spring pasturage. Early cut straw gives a butter with both below the average. It would seem as if a diet of seed-cake and gluten meal or clover should give a good average product.—*Science*.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

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INFLAMMATION OF JOINTS. ARTHRITIS.

IT goes without saying that the rational basis of logical therapy is a sound knowledge of pathology. But, let no one deceive himself, with the belief that this is all-sufficient; or that it can ever supplant clinical observation.

Pathology has done much in the way of unfolding to us the mysterious minute physical changes in the elementary structures of the body during the course of disease, but it has not given us a single solitary remedy. Indeed, the inimitable Watson used to say, that with all Laennec had done in the way of rendering a ready and more precise knowledge of pulmonary maladies, yet, with all that, this discovery made scarcely any impression on their treatment.

We are led to these reflections in considering the question of arthritis in the young. Synovial and arthritic inflammations of the hip and knee joints are

very common in the young, growing child.

Now, of late years our working textbooks for the general practitioner have been over freighted with a most complex and a needless fulness of detail on the pathology of these diseases, and almost nothing besides the author's hobby is given in treatment. There we see one of the evils of specializing. Everything is directed to the local part, the youngster is put in a harness and the limb fixed. It may be said that mechanical appliances serve a useful purpose, but, if injudiciously employed, they work incalculable injury. Resection of joints for a curable disease, is a desperate and questionable procedure.

But, for the time, look to the youngster's stomach, give him appropriate medicines, fresh air, pleasant surroundings, and nature will often work wonders. Don't cudgel your brain in trying to differentiate acute from subacute synovitis, whether it is a rheumatic, a gonorrhœal, tubercular, traumatic, or scrofulous type, whether it is serous, suppurative or fibrinous, or whether the capsule contains one or a dozen different colonies of germs. Treat the patient as well as the joint and in nineteen cases out of twenty success will reward your efforts.

PHILADELPHIA HIGHWAYS.

PHILADELPHIA physicians have complained to the Board of Health, because Fifteenth street has been torn up for some time, and malarial ailments have appeared along the blockaded streets.

Just why the good doctors should complain about this it is difficult to see. If the people had complained there would have been reason in it; but with so many doctors and so little illness as the city has this summer, the complaint seems out of place.

Some people never know when they are well off.

All over the city are evidences of the unexampled activity of the Highway Department. One is constantly compelled to turn out to avoid cuts for drains, or to go blocks out of one's way where streets are obstructed by repairing or repaving. Broad street above Filbert, and Fifteenth and South Twelfth are being paved with asphalt; and the worst spots in the cobble pavements mended. Sixteenth street is being laid with Belgian blocks, and the asphalt extended on Tasker street. The greatest improvement, however, is in the "slums," where asphalt is being laid in the courts and alleys, that seemed impossible to keep clean, with the old, broken pavings of cobble and brick. Special attention is also being given to the drainage of this district. The good effects of these measures are not limited to the immediate sanatory improvements. The fact that the city has some care for the welfare of the residents, is an incentive to individual action in the same direction; and this in turn gives a favorable inclination towards a moral reformation. We have good biblical authority for the connection between cleanness and godliness; and when the former is brought within the possibilities, the latter may be expected to follow.

It is now possible to get about the city with some comfort, even in a light wagon; while the increasing number of bicycles on the streets shows how the improved pavings are appreciated. Still, with all due credit to Director Windrim and his department, there is a vast amount of work to be yet done, before the streets are more than passable. While South Broad street is being repaired, the omnibuses have broken up the paving of North Broad street, in such a way as to render driving rather a precarious undertaking.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

DO SNAKES "FASCINATE?"

A WRITER in Alden's Cyclopaedia of National History thinks the widespread belief that snakes fascinate their prey is a superstition, this belief not having been justified by fact; even though he admits that the eyes of snakes, having no movable eye-lids, may be peculiarly bright and staring. I wish to state an instance which came under my own observation.

When a lad living on my father's farm, I chanced to be by a brook near the edge of a wood. The grass was very thick and tall. Hearing the distressful screeching of some animal, I went to see what it was, supposing it was the voice of a frog being swallowed hind feet foremost by a snake; for the cry resembled that of a frog under such circumstances as I had heard. It was however the cry of a young wood thrush, which in one of his early sallies had lit down in the grass and could not get out. He had evidently been there some time and had well nigh despaired of rescue, so much so that he showed no fear of me but regarded me as a friend. I carried him home and he flew about our room, sat on my finger and ate flies off the window, drank water out of a spoon, and sang from the back of a chair. I called him Johnnie, and he soon learned to respond to his name. I took him into the field with me and he showed no disposition to fly away but came when I called.

One day I took him out into a mow-field and let him fly about me while I was cutting down the grass. I noticed him fly into a potato patch. When I called he did not come. A few minutes later, supposing something was the matter

with him, I went to the place where I saw him alight. To my horror there he was standing on a row between two hills, with his feathers all turned the wrong way and staggering towards a large striped snake which lay coiled up between the rows, a foot and a half remote from him. The snake was intently looking at the bird and did not run away on my approach. Johnnie appeared to be wholly under the power of his enemy and in a few moments staggered up against his side. I waited for nothing more but dispatched the snake and carried Johnnie to the house. From that time the bird was changed. Though I stroked his feathers down they rose up again. He sang no more, appearing to be stupid, wholly unlike the vivacity of his former self. The next day he was no better. The day after the cat took pity on him and put him out of his sufferings.

It was remarkable that the bird should have lost all fear of me as soon as he came into my hands, and that he should have preferred to stay with or about me to going off in his own natural element. It was still more remarkable that he should have so yielded to the power of the snake as, so to speak, to stagger into his very mouth, with no power on his part to get away from his would be devourer. What was it, if not some inexplicable fascination on the part of the snake, that controlled the bird's mind, reversed his feathers and thoroughly stupified him; and that for a period of two days? If this was not a case of fascination how can a man believe his own eyes?

Yet singular as was this case, I once had a young man as completely controlled by a fascinating French quack doctor. Some of his young friends brought him to me and wanted me to interest myself in his case. His inclination was toward that pretended doctor. The thoughts he injected into his mind drove all rational ideas out. He could not work. He cried and mourned and imagined all evils in his case. I pitied him from the depths of my heart; I watched over him, persuaded him and doctored him for many weeks, before I got his feathers down the right way and he was able to set himself to work again. After some months he recovered and

struck for business, going west. I received letters from him for several years, blessing me for my efforts in his behalf. If he was not fascinated by that dandy Frenchman, I do not know the meaning of the term. What snakes are to birds such deceivers are among the human species, and it is not possible to estimate the mischief they do. The robbing them of their money I believe to be the least of the harm they do. The frequent suicides must be put into this account. And when not suicide, the life-long mental perversion in respect to themselves and the consequent mental misery entailed is an unspeakable evil. Yet this venerable Hub and this highly civilized state have not an iota of law to put the rascals out. And not even a merciful cat this side of suicide may be found to bring relief to the befooled sufferers. Snakes! Fascinating snakes! E. CHENERY, M. D.

BOSTON, MASS.

COMMUNUTED FRACTURE OF SKULL.

I WAS called to see Samuel Salisbury, aged 19, on March 9th, who presented the following condition, viz: unconscious, the pulse and respiration slow and feeble, hemorrhage from a wound on right side of head about two inches above the ear. There was an opening through the skull into which I passed my index finger and distinguished several pieces of bone. I informed the father of the boy that it would be necessary to perform a delicate operation and requested that Dr. E. M. Moore be called. The wound was made by the kick of a horse two hours before, as he was leading him along the highway. There was a delay of seven hours before the operation, meanwhile the patient sank so low as to make it necessary to employ external warmth and stimulants hypodermically.

Under strict antiseptic rules, a button was removed with the trephine, and five detached fragments of bone; one of which penetrated the brain about an inch and a half, with a loss of about, an ounce of brain substance. The following day consciousness slowly returned, but there remained complete paralysis of left arm and leg. The dressings were removed

on the fifth and eighth days, and subsequently they were renewed daily. There was moderate suppuration with hernia cerebri, and a temperature not above 101° , the wound closing on the thirty-fifth day after receipt of injury. Motion began in the paralyzed leg in twenty days and in the arm fourteen days later, and improvement continues. His mental faculties are impaired.

Measurements of the head locate the wound at the junction of the areas of motion for the arm and leg, embracing the fissure of Roland. The symptoms following the wound were precisely such as would be looked for after an injury to this portion of brain. As to complete restoration of function in the arm and leg, there seems to be an uncertainty. It must depend either on the reproduction of that portion of brain lost, or the corresponding area on the other side performing double duty. At any event, four months have now passed since the young man was injured, and improvement has been continuous; so that he goes about without a cane and uses his hand to some extent. It being the first case of the kind that has come under my observation, I have watched its course with a great deal of interest, and as these cases are somewhat rare, I thought it might be of interest to some of your readers.

H. R. ARMSTRONG, M. D.

HOLLY, N. J.

TRITURATIONS.

WILL you kindly give in next issue of TIMES AND REGISTER, full directions for the preparation of medicines in triturations, *i. e.*, how to prepare the first, second and third decimal (1x, 2x and 3x), triturations, etc., of powders.

L. C. LAYCOCK, M. D.

[One grain of the substance is rubbed up for one hour in a mortar with nine grains of milk sugar. This yields the 1x; one grain of which, rubbed up in the same way, with nine grains of milk sugar yields the 2x, and so on. Thus, one grain of the 1x contains $\frac{1}{10}$ of the drug; one grain of the 2x, $\frac{1}{100}$ grain; of the 3x, $\frac{1}{1000}$ grain; while a grain of the 30x contains one-octillionth grain of the original drug, provided the trituration has been perfectly performed. As this would require over six hundred quintillions of tons of milk sugar, a mass sufficient to make six hundred thousand worlds like ours, it is to be presumed that very few pharmacies make up a whole grain to the 30x trituration at one time.—W. F. W.]

AUREL SYPHILIS.

In regards to questions asked by my friend (Max Toeplitz, M. D.) in Vol. 26, No. 23; I will say that ere No. 21 of the above volume reached me, my patient was about cured by my treatment; viz. proto-iodide of mercury in doses as large as he could bear, with placebos which was his only treatment.

COLORADO.

Would you kindly inform me whether I could register to practice in Colorado without an examination? My health has failed greatly of late, I have a cough, spitting of blood, in fact, all the symptoms of incipient phthisis; and for that reason I wish to change. What would you advise me to do?

[Colorado does not require an examination for graduates, and the registry fees are \$5.00 for the Examining Board, and \$1.00 for the County Clerk. Your residence there, or in Arizona, should benefit your health, but unless silver gets a boost, Colorado will be very poor for some years to come. Still, she has other industries besides silver-mining; and affairs may not be so bad as they now look.—W. F. W.]

Notes.

A personage strayed into the editorial office last week, who claimed to be a Dublin ophthalmologist. He had been four years in this country, and as far west as Omaha, but concluded there were better opportunities at home; and was collecting funds for that purpose. He got none here. Any man who cannot find a location in America after four years' effort ought to go straight to the nearest asylum for the imbecile and ask for admission, at once.

A Scotch parish board advertised for proposals to furnish medical attendance, medicines and surgical appliances for one year. Six bids were received, at so much a head. The highest was 28 cents, the lowest 11 cents per pauper, per annum. Cheap!

Annotations.

ROMANES, in the *Open Court*, says that Darwin's theory of heredity is that all parts of the organism generate anew in every individual, the formative material constituting a new organism; this material being collected from all parts of the parents' bodies.

Weismann supposes that this material stands to the parent's body much as a parasite. In each generation, a small part of this substance is told off to develop a new body, which resembles the parent's body only because developed from the same substance, which continues through all generations of successive perishing bodies.

Query:—According to Darwin's theory how could two deaf-mutes possibly have a child who was not a deaf-mute?

ARMY MEDICAL SERVICE REFORMS.

SURGEON-GENERAL Sternberg has announced two new projects, in the department, at the head of which he has so recently been placed. He is to organize an Army Medical School, where newly appointed assistant surgeons are to receive a course of instruction in their special duties. The other project is to break up the practice of keeping city billets for older officers, and instead of this, bringing the younger surgeons on for a year's practice at a time, in attending the families of officers, etc.

This is a wise project, as it will give these men the advantage of a more generalized practice than they now enjoy, and will also give some others a much-needed taste of frontier duty.

But won't the Coburgers get up and howl! General Sternberg must have powerful backing to enable him to strike such a blow at the favoritism sanctioned by immemorial usage.

REGISTRATION OF PROSTITUTES.

IN 1864 Great Britain passed the Contagious Diseases Act. The proportion of primary venereal cases admitted to hospital during the first year of its enforcement was ninety-one of every 1000 admissions. In 1878 the proportion had

fallen to thirty-five. The number of registered prostitutes fell from 2600 in 1870, to 1870 in 1879; while the proportion of those found to be diseased on examination fell from 76.24 per cent. in 1865 to 7.40 in 1879.

Then the opponents of the Act went to work, and in 1883 obtained its repeal. Surgeon-General Moore enumerates among the advantages of the Act, the diminution of severity of disease, cure of disease, reduction of number of brothels, lessening of juvenile prostitution, impossibility of holding young girls as prisoners in brothels, chances of reform afforded lost women. These objects were thought worthy; but the opponents thought otherwise. When the Act was repealed, the hospital admissions for secondary syphilis rose in 6 years from 24.4 per 1000 of strength, to 66.3. Other venereal affections rose in the same period from 90.2 to 220.7 per 1000. More than half the British army in India were rendered incapable of service by venereal diseases.—*Provincial Med Jour.*

DILATING THE PYLORUS.

WYMAN (*Med. Age*) describes a case of pyloric stricture, with the following symptoms: Dyspepsia of a year's duration; epigastric pain lasting an hour or more after eating, with belching or mucous vomiting; the attacks coming oftener, with vomiting of fetid, partly digested food, and intolerance of solids. Gradual emaciation; vomiting became periodical; epigastric tenderness; pyloric hardness. Stomach absorptive power was shown, by giving iodide in capsule, and testing saliva for free iodine. A little free hydrochloric acid was found in his stomach. Milk was the only food that seemed to pass the pylorus. The bowels were constipated, temper fretful and future hopeless.

The abdomen was opened, the stomach drawn partly out and an incision one inch long made in the least vascular part. The pylorus was very hard, and contracted to the size of a slate-pencil. By a uterine divulsor it was stretched until the finger could pass freely, and the incisions closed. The patient recovered from the operation, and was reported as gaining flesh and strength; the pain and

vomiting having disappeared. The time elapsed is not given; nor the date of the operation.

THE Kensington Hospital for Women has issued its report, for the year ending October 10, 1892. During the year, 130 patients have been under treatment. Forty-one required abdominal sections. We hope this will set at rest the injurious reports, that at this institution every woman who could be caught and corraled in its walls is castrated, regardless of anything but the opportunity. More than two-thirds of those admitted got away unutilized. One Cæsarean section was performed, saving the lives of mother and child. Seventy-five other operations were performed. A dispensary has been opened in connection with the hospital. Among the numerous hospitals of Philadelphia there is none in which more creditable work is being done than in this one. Dr. Chas. P. Noble is filling his predecessor, Dr. Kelly's place, most admirably.

"WINE, WIFE AND SONG."

A CLEVELAND genius, who is some ten centuries ahead of his day, has formulated precisely the therapy of "wine, women and song." Nux for the beer guzzler, gelsemium for the dude who goes on champagne "jags," and sulphuric acid for the tough citizen whose throat craves for "rot-gut" whiskey.

Henbane soothes the sorrows of the lover whom disappointment renders noisy; belladonna helps the moody, dangerous man; nux suits the sensualist, while staphisagria soothes wounded pride. If the rejected swear, "dope" him with veratrum; if he lie (that is, unduly or unusually, else this were a universal panacea), give him anacardium; but if he show himself a blackguard, chamomile elevates him to a gentlemanly level. If intensely erotic, give him camphor.

As to song, the author would drown the tenor in stramonium; while for the man who writhes under the song-gift of his neighbor, he orders sodium chloride, followed by sulphur and belladonna.

Dr. Kraft stops, unfortunately, too soon; for he does not tell us what remedies to employ for the midnight cat-con-

cert, or whether the Italian who grinds out "Comrades" should take the dose or give it to his monkey. In fact, the whole subject needs further exploitation.

The Medical Digest.

UTERINE REMEDIES.

Macrotys.—It is the remedy par excellence to stimulate *normal* functional activity of the uterus and ovaries at any period. With the approach of menstruation, it may be given for pelvic fullness, backache, leg-ache, and nervous irritability. At any time it may be thought of for suppression of the menses. In the early months of pregnancy it will relieve unpleasant sympathies and symptoms; at any time during pregnancy, for pelvic pains, soreness and backache. During the last two months of pregnancy, it may be used as a *partus preparator*, as it will render labor easier and quicker, and give a better getting up. Use a tincture of the *fresh* root in the proportion of gtt. x to ʒj., to water ʒiv., in doses of one teaspoonful.

Caulophyllum.—The blue cohosh possesses similar properties, as do all varieties of cohosh; but not the same.

Pulsatilla.—Pulsatilla is the woman's remedy for all nervousness having an origin in and from the sexual system. It is not only the remedy for women, but for nervous men, and for morbid sympathies having their origin in the sexual system, and especially for disease of the sexual function. We are accustomed to say that pulsatilla is the remedy for the sad, despondent, who look on the dark side of life, but it will hardly do to restrict it to these. I have seen excellent results in the very reversed conditions, where the nervous outbreak took the form of gayety and mirth. But in all cases, feebleness of the circulation will be observed as a marked feature, and we do not use it where there is irritation or tendency to inflammation.

It is one of our best remedies to restore the menstrual flow, when the arrest is the result of enfeebled innervation and circulation. Usually it is used with the macrotys for its emmenagogue action, and they work together very nicely, and

the one seems to supplement the other.

It is a remedy for pain, and especially for that variety known as dysmenorrhœa, and with it and macrotys I have cured many stubborn cases. I prescribe it to be taken a week before the flow commences, and to continue until the flow is free and painless.

Mitchella.—The *Mitchella* exerts a direct influence upon the reproductive apparatus of the female, giving tone and improving functional activity. It has been extensively used as a uterine tonic, to promote menstruation, to remove false pains, and unpleasant sensations in the latter months of pregnancy, and has been thought to be a good preparative to labor, rendering the birth of the child easier, and less liable to accidents.

Ruta Graveolens.—It exerts a direct influence upon the nervous system, relieving irritation and pain, in small doses, continued, improving nutrition of the nerve centers. It acts upon the urinary and reproductive apparatus, and has been employed with advantage as a stimulant to them.

Polygonum Punctatum. One of our most certain stimulant diaphoretics. It is also one of the best emmenagogues; especially when the arrest is from cold. It influences the urinary and reproductive organs, but its action in these directions needs to be studied.

Hamamelis.—For congestion and impairment of the venous circulation, we have no remedy superior to the *hamamelis*. The indications are a feeling of weight and fullness in the pelvis and dragging; the woman will feel as if the perineal tissues were relaxed and not sufficient to hold up the pelvic viscera. Examination will show venous engorgement and enlarged veins, if it has continued long.

Ergot.—The old use of ergot as an oxytocic is not its best use. In small doses, one to ten drops, it is a stimulant to the capillary vessels, and will check hemorrhage. It is also a direct stimulant to the nervous supply of uterus and ovaries. The sharpest indication for the remedy is an impairment of sensation with relaxation of the muscular tissues of the pelvis, and tendency to sanguineous or mucoid discharge.

Ustilago Maidis.—In some cases this remedy will be found better than ergot,

with the indications above named. Relaxation of the structures across the pelvic outlet will suggest the remedy, and will be strengthened by difficulty in defecation and urination from muscular feebleness.

Lobelia.—In obstetric medicine we employ lobelia in rigidity of the os and perineum, when the tissues are full or thickened. In very small doses we use it during pregnancy, when there is a sensation of rigidity and fullness of the genitalia.

Gelsemium.—We use gelsemium as the relaxant in rigid os and perineum when the tissues are thinned and unyielding; the os will be thin and sharp like a knife-blade, but it will not dilate.

Gelsemium is also the remedy for difficult urination during pregnancy, especially with scant secretion. It is also indicated by albumen in the urine, and feeling of constriction about the base of the brain, and general headache.

Hedeoma.—For scanty lochial discharge or suppression we have no remedy that equals the old-fashioned pennyroyal; in infusion, to be given with aconite, macrotys, or gelsemium, as may be indicated.

Chlorate of Potash.—The uterine antiseptic is chlorate of potassium, and the indication for it always is a bad odor. In doses of from two to ten grains it is one of the surest remedies.

Phytolacca.—If there is mammary irritation and tendency to inflammation and suppuration; in uterine disease, when the indications are sensitive breasts, fullness, or even soreness of the nipples.

Apocynum.—The ordinary indication for apocynum is œdema. Swelling of the feet or eyelids, puffiness of hands, fullness of vulva, all call for apocynum. In minute doses it is a remedy for profuse or prolonged menstruation, or menorrhagia.

Ipecac.—This is also a remedy for menorrhagia in irritable uterus, as well as for sub-involution and hypertrophy, in vaginitis with leucorrhœa, aconite or veratrum usually going with it.

Cuprum.—Rademacher's tincture of copper is an excellent remedy in some cases of uterine disease, where the issues are full or relaxed. The common indication, fullness and relaxation of skin, with

greenish yellowish discoloration, will suggest the remedy.

Nux.—In reflex nausea, nux, in small doses (gtt. j. to water \bar{z} iv). In constipation associated with uterine disease, one drop in a glass of water, before breakfast, is a good remedy. In enfeebled muscular power of rectum, the small dose of nux with aloes is a good treatment.

Ignatia.—Ignatia is the woman's remedy, nux the man's. It is indicated by dragging pains in the right hypochondrium, gastrodynia, uterine colic, uterine atony, leucorrhœa.

Viburnum.—The common name, cramp bark, will suggest a common use of this remedy. It is the anti-abortive, and is the most certain of our remedies for this purpose. It is also the remedy for irritable uterus, with pains like contractions.

Collinsonia.—This is a remedy when there is a sense of rawness with contractions, as if some foreign body had pressed into the tissues.

Phosphorus.—Phosphorus is indicated by ovarian pain and fullness with mucoid discharge.

Ferrum.—Howe's acid iron (nitric) is a good remedy in atony and relaxation with leucorrhœa. The tincture of the muriate is indicated by dark redness of mucous membrane and erosion of the cervix.

Rhus.—Burning pain and smarting, with bright redness, will furnish the indication for rhus.

Agrimonia.—Dragging pain down the uterers, with painful micturition, with prolapsus, will ask for agrimonia.

Eryngium.—Frequent desires to urinate, with sense of excoriation along genital and urinary passages, will suggest the eryngium.—*Eclectic Med. Journal*.

CEREBRIN.—A bottle of cerebrin was sent by the company with which Dr. Hammond's son-in-law is connected, to Professor Dixon, and by him placed at my disposal. I selected a typical case for its administration. A lady had for several years been confined to her bed, with no other symptoms warranting it except general debility. Repeated examinations showed an absence of structural organic disease. Here, a direct

cerebral stimulant, a "brain-food," was the article specially indicated. The cerebrin was given in doses of five drops, twice daily, for one week, and no perceptible effect was obtained.—*Waugh*.

TROPACOCAINE is said by Ferdinands (*British Medical Jour.*, June 24, 1893,) to be more reliable and deeper in its action than cocaine, the anesthesia lasts a little longer, it anesthetizes inflamed tissue better, and does not produce any corneal haze. For general use a two to three per cent. solution answers, but five per cent. is safe. Solutions in distilled water keep for months. It has neither mydriatic nor hemostatic action.

FETID SPUTA.

A case of pulmonary abscess with fetid sputa was treated by McNaught (*Brit. Med. Jour.*, June 24, 1893,) by intralaryngeal injections of guaiacol and menthol:

R Guaiacol $\bar{3}$ jss
Menthol $\bar{3}$ x
Ol. olivæ $\bar{3}$ viii

M. S. Half a drachm injected into the larynx once a day. Pills of iodoform, creosote, aa gr. j, and croton chloral hyd. gr. ij., were also given, thrice daily.

For chronic dysenteric ulcer with stricture near the sigmoid flexure, with hemorrhagic stools, and scybala, Ghosal gave a powder of rhubarb, gr. v., hyd. cum creâ. gr. $\frac{1}{3}$. and soda bicarb, gr. i, at bedtime. Diet of boiled rice, sago and milk. Before and after each stool glycerine with corrosive sublimate, gr $\frac{1}{4}$ to the ounce, was applied by the finger. In a week the stools became healthy, but, as the hemorrhage continued, dialyzed iron, calumba, chloroform and nux vomica were given, until the patient was well.—*Calcutta Med. Rep.*

UREA is a substance whose importance cannot be overestimated, as it is the principal product of retrograde changes of nitrogenous materials, and next to water, is the most abundant and important ingredient found in normal urine. If it be retained in the system, it is a true poison, and if the retention be marked and not relieved, death follows. Measuring the quantity in the urine is a guide to its

accumulation in the system and a warning of convulsions or death, as well as a guide to the proper treatment to prevent these catastrophes

Of the many methods of estimating the amount of urea in urine, the following by Dr. Chas. Doremus, of New York, is the most practical: A curved tube, similar to the saccharometer of Einhorn, is filled to the bulb with a known solution of hypobromite, and then with a pipette the urine is slowly introduced. Rapidly the urea is decomposed and the nitrogen (N) fills the upper end of the tube, displacing the urine into the bulb. When the action has ceased, the graduations show the number of grams or grains of urea to the c. c. or oz., then, by knowing the amount of urine passed during the twenty-four hours, the daily amount of urea is easily found.—*Stanbro, Buffalo M. & S. Journal.*

BANERJEE experimenting on the viperine snakes of India, found that in dogs strychnine acted as an antidote to the venom; and when dogs were poisoned with strychnine, the venom antidoted the strychnine.

MENDELSSOHN advises a diet of meat for uricemia; as the urea formed is the best solvent for uric acid. Urecidine, a new remedy, does not dissolve uric acid directly; but increases the amount of urine excreted, and this dissolves out the acid. Free water drinking is necessary.

CHRONICAL TROPICAL DIARRHEA.—*Symptoms*:—Malaise; anorexia; fullness after eating, relieved by belching; irregular bowels, 4 to 12 daily: clay colored, offensive, liquid passed in early morning, with flatus, perhaps lienterie; portal plethora; tongue white; or red and sore, if bowels are denuded: uneasiness or griping; sickness; borborygmi and thirst. In time he becomes anemic; the motions are looser, perhaps bloody, mucous or gelatinoid. Weakness, thirst and sickness increase. The urine is scanty and concentrated; cheeks hollow, eyes sunken, face pinched, skin dry, temperature subnormal, slight rise at night; tenderness over cœcum, colon or ileum; liver tender on pressure, it and the spleen may be enlarged. Extreme

emaciation; œdema beginning at the feet.

Treatment.—Milk diet and *bael* for mild cases. For the evening fever a two-grain quinine pill each morning. Good effects shown within a week. For constipation, half an ounce of castor oil in the early morning.

In severe cases, with hepatic disease, calomel, $\frac{1}{8}$ grain, twice a day, acts like a charm. If the milk excites the bowel to immediate action, a few drops of laudanum are added. The milk diet is to be continued thirty or forty days, or till the sores in the mouth are healed. Rest is needful, and protection from draughts or chills. Free water drinking is objectionable. Sponging with tepid water is useful. During convalescence, gentle exercise, change of air, calumba and mild chalybeates will hasten the cure.—*Das, Calcutta Med. Rep.*

INFILTRATION ANESTHESIA.—Hacker says any cutting may be painlessly performed, after throwing the following solution into the intercellular tissues:

Cocain. hydrochlorat . . . gr. jss
Sodii chlorid gr. iij
Aque dest $\frac{3}{4}$ iij 3jss

M. Several injections are required to produce œdema.

TREATMENT OF "SUNSTROKE."—For cases with temperature above 104° F.: Ice and ice-water to head, body, rectum; continued until temperature comes down to 100° , and repeated if it rises again. Antipyrine hypodermically, ten to thirty grains; or acetanilide, by rectum. For cases with low temperature, feeble pulse, cold extremities and profuse sweating: Strychnine, gr. $\frac{1}{40}$ to $\frac{1}{20}$, hypodermically, or tincture digitalis, gtt. xx., warmth to feet, lower head, loosen clothes, alcohol, camphor or ammonia in small and frequent doses.

For medium or doubtful cases: Atropine, gr. $\frac{1}{100}$, hypodermically; acid phosphate; cold or heat to head, as feeble or exhaustive symptoms predominate.—*Waugh.*

BRIGHT'S DISEASE.—Dieulafoy considers albuminuria an unreliable symptom. The initial stage is accompanied

by noises in the ears, vertigo, frequent desires to micturate, the *doigt mort* and *cryesthesia*.

M. In *doigt mort*, or dead finger, the patient complains of pins and needles in hands and fingers, and the ends become pale and insensible. *Cryesthesia* is extreme impressionability to cold, especially in the legs, knees and feet. Slight morning epistaxis may be added to this list. These symptoms, of little value singly, when taken together, warrant the diagnosis; when oedema and albuminuria are absent. The milk diet is the only trusty remedy.

FOR SORE THROAT.—

R Morphine sulphat. gr. iv
Acid. carbolic
Acid. tannic aa 3 ss
Glycerini
Aque aa 3 iv
M.S. Paint on throat three times a day.

SUN DIARRHEA MIXTURE.—

Tincture of opium,
Tincture of capsicum,
Tincture of rhubarb,
Spirit of camphor,
Spirit of peppermint, each equal
. volumes.

Mix and filter.

LOOMIS' DIARRHEA MIXTURE.—

Tincture of opium, . . . 1-2 fluid ounce
Tincture of rhubarb . 1-2 fluid ounce
Compound tincture of catechu
. . . (U. S. P.) 1 fluid ounce
Oil of sassafras 20 minims
Compound tincture of lavender,
. . . enough to make 4 fluid ounces.

SQUIBB'S DIARRHEA MIXTURE.—

Tincture of opium . . . 1 fluid ounce
Tincture of capsicum . . 1 fluid ounce
Spirit of camphor . . . 1 fluid ounce
Purified chloroform . . . 180 minims
Alcohol, enough to make,
. 5 fluid ounces.

INTERSTITIAL NEPHRITIS.—Huchard recommends the following for gouty cases with dyspnea, weak heart, slight oedema, free urine, and very little albumen.

1. Exclusive milk diet for five days; ten ounces every two hours for six doses.

2. R Ext. kolæ fl 3jss
Ext. cocæ 3iv
M. S. 3j at 8 A. M. and at noon, in the milk.

This is to counteract the weakness.

3. If the milk disagrees, add a little Vichy, and five or six wafers, daily, each

containing 12 grains of benzonaphthol and 4 grains of pancreatine. Or, a little rum, brandy, or cherry laurel water can be added to the milk.

4. Every succeeding month the patient is to be put on this diet for five days, to flush the kidneys.

5. For three days of each month give three pills daily, containing one grain each, of digitalis, scammony and squill.

6. After the milk diet give solid food, with plenty of milk. For some months give no meat, as this causes dyspnea.

7. Give iodide of sodium, as a heart tonic, gr. vi to x daily, for 20 days of each month.

8. Stimulate the skin by dry friction or liniments.—*Medical Press and Circ.*

STERILIZED DRESSINGS.

Hochenegg applies the following fluid to one side of his dressings, to show when disinfection is complete. The fluid is brownish when applied, but becomes bright red when sterilized in the oven. The date of sterilization may be written with this fluid on the articles.

R Alum acet. liq. (Pharm. Austr. 7th ed.)
Aque aa 3 v
Alizarin, in paste, 20 per cent. gr. lxxv.

M.

—*Med. Press.*

LONGINGS OF PREGNANCY.

Giles has investigated 300 cases of what he terms "natural" longings. They are vastly more frequent in married primiparæ, and much less so in unmarried girls and in multiparæ. In many cases they are to be attributed to the popular belief that they are to be expected. Some are manifestations of disordered nervous condition, while others are instinctive cravings for substances needed by the mother or her child.—*Med. Press.*

GELSEMIUM USELESS.—From a study of the pharmacological action of gelsemium, Cushny (*Practitioner*) concludes that there are no indications for which the drug is suited. It has no action on temperature, while in ophthalmic practice its irritant action and the slowness of dilation of the pupil under its use, render

it useless beside homatropine. Still, it may be of some value in neuralgia or in ague.

In the *British Medical Journal* Coyle records a case of typhoid fever treated by carbolic acid, gr. ijss, in pill, twice a day. The temperature was reduced three degrees.

Some fine day one of these gentlemen will discover the sulphocarbulates.

Disinfectants act more powerfully the higher their temperature.

Intra-uterine injections of glycerine are employed to facilitate labor. From one to three ounces are injected, care being taken not to allow any air to enter. The pains soon grow stronger.

KRESIN.—Kresin has fully confirmed the claims made for it by the manufacturers. It is an ideal antiseptic for the surgeon; being efficient, non-irritant to the hands, non-corrosive to instruments, and making a clear solution with water, for the instrument trays. In this it replaces creoline, which conceals the instruments from view. Nothing is more annoying than being compelled to fish about in an opaque fluid for a hemostat, when it is needed in a hurry.

A writer in the *British Medical Journal* thinks he aborted an attack of measles by anointing the patient with "oleusaban," an oily preparation of eucalyptus.

FOR ECZEMA:—

R	Acidi borici	3j
	Acidi salicylici	gr. vj
	Ung. aquæ rose	3j
M.		

—Rambo, *Columbus Med. Jour.*

Smart says the sulphate of iron is the best chalybeate; the carbonates coming next, and then the syrup of the chloride. This is not a mere opinion based on individual preference, but the result of scientific research.

Pearse (*Prov. Med. Jour.*) says that the dislike of fat in pre-phthysical cases, is no more characteristic than their fond-

ness for onions; and that much benefit is experienced from the free use of onions.

PROLAPSUS OF THE UMBILICAL CORD.

—Take a soft sponge the size of a large orange, wash it well in hot water, then push up the cord in an interval of pain, passing up immediately after it the moist warm sponge between the uterus and the head of the child.

This simple operation prevents the return of the cord, and the sponge comes away with the placenta. After an experience of more than thirty-six years, I have found this method the most satisfactory way of dealing with cases of prolapsed funis.—*Brit. Med. Jour.*

THE GENU PECTORAL POSITION IN CERTAIN UNFAVORABLE PRESENTATIONS.—In the first volume of the *British Medical Journal* for 1890, page 888, I drew attention to the fact that delivery was easily effected in a case in which the head, hand, and foot presented—and in which I had failed to accomplish it whilst the patient was lying on her side—by placing the woman in the knee-chest position. I have recently had another case in which the same method of procedure served me well.

Mrs. W., a very stout woman, aged 39, one child born seventeen years before, never pregnant since, was taken in labor at the eighth month. I found the membranes ruptured and the child presenting by the breech. Labor proceeded normally until all but the head was born, when a delay occurred. Passing my fingers, I discovered the head of another child occupying the pelvis; interlocking that of the first. The patient being on her left side, I found that I could not, without using an unjustifiable amount of force, disengage them. The condition was exactly that illustrated in Dr. Playfair's plate of locked heads.

Remembering my former case, and obtaining the aid of my assistant, I found that by placing the patient on her knees and chest, and thus allowing the uterus and its contents to fall forward, I was able with very slight exertion to push the head of the second child above the brim. The delivery of the first was then easily effected, and a few pains completed the birth of the second. The

mother did well, but the children were still born, the first having been dead before the advent of labor, as was proved by its macerated condition.—*Brit. Med. Jour.*

Kirk (*Dental Cosmos*) recommends magnesium peroxide for discolored teeth. The decomposition products are nascent oxygen and magnesium oxide. Magnesium sulphate and sodium peroxide are mixed in equivalent proportions; the reaction occurs, and the resulting mass may be packed into a discolored tooth and left for weeks. The oxygen is given off very slowly.

FECAL OVERFLOW.

We meet cases with symptoms of constipation, but at the same time having one or two full stools daily. In these there is prolonged retention of feces; there has been gradual filling up of the bowel, and now, as fresh excrements are added daily, a portion must necessarily be discharged. Such evacuations are not natural, but are a kind of fecal overflow, similar to the overflow from an over-distended bladder. Under these conditions there is a prolonged retention of feces in the intestine. This gives time and a good culture medium for increased production of the normal intestinal micro-organisms, while foreign germs which have been introduced have an excellent opportunity for development.—*Indiana Med. Jour.*

PARTIAL AMPUTATIONS OF THE FOOT.

—Dr. T. H. Manley, of New York, read a paper on this subject. In spite of the fact that instrument-makers say that partial amputations of the foot yield results less satisfactory than amputation of the leg at the joint of osfelection with the application of an artificial leg, the author wished to uphold the old principle of the preservation of healthy structures as far as possible. The more he sees of lacerations of the feet the more doubtful tissue he spares. Although the result of the tarsal amputations is not always satisfactory, an amputation of the leg later can always be resorted to if necessary. Nor is the artificial limb so invariably satisfactory as it is often represented. It

necessitates time, care, and expense, and not infrequently causes trouble in the stump.—*Medical Record.*

Warren recommends peroxide of hydrogen as a remedy for asthma. He uses a condensed air apparatus and a nebulizer.

For the paroxysms he gives iodide of ethyl by inhalation.

The Good Physician Hospital for Colored people, was opened in Columbia, South Carolina, on June 21st.

This institution fills a "long felt want," being at present the only Hospital in Columbia (the White Hospital is still under the process of erection) and as far as I can learn there are not half a dozen such institutions in the entire South, where they are so sorely needed.

Our darker brethren have been sadly neglected, as far as the care of their bodies is concerned; their ailments tell the tale better than any words can, of poor hygienic surroundings, filth, lack of nourishment and neglect of small things for instance; I was called to see a woman with "an afflicted leg." I found a chronic ulcer of three years standing, it extended from the knee to the ankle almost encircling the limb, and very nearly to the bone, the thigh was swollen to a considerable extent the patient emaciated. She had been in bed ten days. On removing the dirty rags which acted as a dressing I found the ulcer fly-blown. I proceeded to dress it antiseptically (as well as I could under the circumstances) and now (two weeks later) there is no swelling whatever above the knee, the ulcer has a healthy floor, the odor has disappeared but the patient—she will never live to be cured. She resists all supporting treatment, and is in such an asthenic condition, that I look on every visit as my last, this is only one of numerous instances and shows how discouraging is the practice of medicine among such poor self-neglected creatures.

The Hospital while under the auspices of the Protestant Episcopal Church is open to all creeds and sects, and is entirely dependent upon its friends for its support. It is intended for acute non-

contagious diseases and will take chronic cases only under special circumstances. It has a dispensary for outside patients. It is under the charge of a resident physician who also acts as druggist, head nurse and general superintendent; she is assisted by a nurse who acts as housekeeper.

The resident physicians visit and prescribe for such patients as can not be admitted to the hospital and the dispensary furnishes the medicine.

The following are the rules and regulations.

HOSPITAL RULES.

1. Patients will be admitted to this Hospital on the recommendation of a reputable Physician.

2. No chronic cases will be admitted except by special consent of the Board of Managers.

3. Contagious diseases will not be admitted.

4. No patient will be admitted while under the influence of liquor. Diseases resulting from debauchery and dissipation will not be treated in this Hospital.

5. Physicians wishing to send patients to the Hospital shall give a day's notice beforehand to the resident Physician. This does not apply to accidents requiring surgical treatment.

6. Patients will be required to leave the Hospital when, in the judgment of the Physician, they require no further treatment.

7. Visitors will be admitted only by consent of the resident Physician or Nurse in charge.

8. Clergymen calling upon patients under their pastoral charge are requested to be governed by the judgment of the Physician in their ministrations.

DISPENSARY RULES.

1. Dispensary for outside patients will be opened from 2.30 to 5 P. M., Sundays excepted.

2. A fee will be charged in all cases, which will be regulated by the circumstances governing each case.

MARY V. GLENTON, M. D.

Physician in charge.

A very exhaustive report on the great value of diabetin was incorporated in a paper on diabetes mellitus, read by Privy

Councillor Professor Dr. Leyden of Berlin University at the XV. Congress of the Berlin Balneological Society, held March 10th, 1893.

The paper is published in full in the "Deutsche Medicinal-Zeitung, June 5th and 8th, 1893, numbers 45 and 46 and we give its salient points below

Prof. Leyden referred to the various experiments which had been made twenty years ago at his clinic (then in Strassburg) with inulin and levulose by one of his students, Dr. Komaros. It was shown at that time already that the excretion of sugar was diminished when diabetic patients were given these particular forms of sugar. At that time levulose was very high-priced. Since then the price has been considerably reduced by the Schering process, and therefore Prof. Leyden in 1891 and 1892 again took up these experiments.

Dr. G. Klemperer, his assistant was able to prove, in the case of two diabetic patients, that the exhibition of from 25.0 to 60.0 grammes (1 to 2 ounces) of levulose daily for a short period of time, does not increase the sugar of patients, suffering from the grave form of diabetes.

The next experiments were made at the female division of the clinic by Dr. Heyse, Staff-Surgeon to the German Army.

The daily amount of carbo-hydrates partaken by the first patient was 170.0-180.0 grammes (about 6 ounces) during some periods 50.0 grammes (1 $\frac{3}{4}$ ounces) of levulose was substituted for the same quantity of cane-sugar.

The proportion of sugar in the urine to the quantity of carbo-hydrates taken was found to be: for levulose (average of 24 experimental days)-3.9:100; or cane-sugar (average of 14 experimental days)-6.6:100.

The difference in favor of levulose therefore, amounted to 2.7 per cent.

For the second patient the same relation was found to be: for levulose (average of 11 experimental days): 27.5:100; for cane-sugar, (average of 12 experimental days)-31.9:100.

The difference in favor of levulose amounted to 4.4 per cent. The sugar was estimated in the urine by polarisation, titration with Fehling's solution and with Einhorn's fermentation tube,

all the methods giving corresponding results.

A most remarkable fact, observed in connection with this case is the following :

During the exhibition of levulose, the amount of sugar in the urine decreased from day to day during the experimental period, so that the oxidation of the carbo-hydrates increased constantly, showing an adaptation of the system, while just the reverse was true for cane-sugar, the daily amount of sugar in the urine increased during that experimental period.

The result of these therapeutical trials (which are illustrated by diagrammatic curves) is a very valuable one. It is shown thereby that levulose is put to much better use by diabetic patients, and less of it is excreted by the urine than of cane-sugar, which also includes the sugar formed in the system from the carbo-hydrates of the food. Although none of the above cases were of a very grave character, two at least must be considered as quite serious ones.

A portion of the levulose was excreted as dextrose without having been put to any use, but this was much less than with ordinary sugar. An amount, more or less considerable, was certainly consumed and put to use in the organism.

These results certainly should encourage us to make use of levulose in the treatment of diabetic patients, for the reason that, if a moderate amount of this form of sugar is partaken of, say 50.0 grammes or a little more (nearly 2 ounces) per day, a much larger portion of it is consumed by the system, while only an inconsiderable portion is again excreted with the urine.

Prof. Leyden, in continuing, dwells upon the fact that the so-called symptomatic treatment of diabetes is deceptive, in so far as the intention of the physician is only directed towards diminishing or abolishing the excretion of sugar in the urine, by totally withholding sugar and sugar-forming food from the patient.

While it cannot be denied that the unconsumed sugar, circulating in the blood, has a pernicious influence on all the various tissues of the body, we must take in consideration the fact that in withholding all the food mentioned, we actually starve our patient.

Sugar and sugar-forming food constitutes more than half of the nourishment a healthy person needs. When we feed diabetic patients on fat and albuminoid food only, we therefore force him to live on his own bone and flesh, from which the system is forced to draw for its needed supply of carbo-hydrates.

It is well known that pure meat-diet carries with it the great danger of inducing diabetic coma and it is therefore the imperative duty of the physician to furnish his patient with a moderate amount of sugar and sugar-forming food. At the same time, in order to provide for an ample excretion of the circulating sugar, Prof. Leyden suggests to encourage the patient to imbibe a sufficient quantity of liquids.

Such therapeutic measures also tend to avert another fatal danger, viz. death from sheer inanition. It is evident that a diabetic who cannot supply to his system the substances necessary to maintain his strength, and to keep the tissues from wasting away, must eventually go on to complete dissolution. Therefore, Prof. Leyden maintains, *that the prime indication is to feed diabetic patients well, in order to prevent progressive emaciation.*

The excellent advice which he gives in this respect, as the quantity and quality of the food to be prescribed it would lead too far to detail here. But in the light of the fundamental principle, thus laid down by this great clinician, it is evident of what great value levulose (diabetin) must be in diabetes, since sugar and sugar-forming food must be partaken of to a certain extent by these patients.

The name of diabetine to this levulose was given by E. Schering because its main therapeutic use is that of a substitute for cane-sugar in the regimen of patients suffering from diabetes.

Diabetin is supplied in 1 pound screw-top glass jars.

SCHERING & GLATZ,

55 Maiden Lane New York,
Sole Agents for the United States and
Canada.

At the late meeting of the American Medical Association, a new operation for varicose veins was described by Dr. Ernest LaPlace, of Philadelphia. As

the varicose veins are aneurismal in character the treatment can rightly be compared to that of aneurism.

Radical measures are usually limited to acupressure, ligature, or excision. The measures employed to cause coagulation are too painful and too limited in the extent of their action.

The long saphena drains the front of the leg and the circumference of the thigh, and the short saphena drains the posterior surface of the leg. The author's method is to ligate both veins, the long saphena at the saphenous opening and the short one just below the popliteal space. Elevation of the limb and rest in bed for a fortnight is the after-treatment. The author has done the operation seventeen times with perfect success, with the exception of one case in which there was an anomalous position of the long saphenous.

The advantages of the operation are that it can control very extensive varicose veins, that it can be done easily with cocaine, and that no relapses have occurred.

ALVAREZ (*Pacific Med. Jour.*) attributes the rapid decline of the Hawaiian population to the native priest-doctors, syphilis and other native contagious affections whose spread is favored by the habits of the natives, and to the ignorance of the women concerning the management of infancy.

THAYER (*Pacific Med. Jour.*) recommends the direct rays of the sun as a cautery. It is safely applied, the ensuing irritation is slight, the pain subsides as soon as the lens is removed and there is a special curative action. He does not blister, but continues till the tissue is carbonized. The method is suited to the removal of nævi; superficial growths, etc.

PUERPERAL ECLAMPSIA.

AT the Boston Lying-in Hospital, ether is used at first, to control the attack. Chloral hydrate by rectum, is given as a nerve sedative in the intervals. The skin is stimulated by heat, moist or dry, variously applied. Pilocarpine, gr. $\frac{1}{8}$, is given, with brandy or other stimulants. If the skin acts insuff-

ficiently, elaterium or croton oil is given, and enemas. When conscious, milk and brandy are given, and cream of tartar water freely, with a little digitalis, as diuretics. If unable to swallow, brandy, digitalis or nitro-glycerine are given hypodermically. Manual dilatation is preferred, with incisions of the cervix if necessary, version rather than forceps; and care is taken to avoid chilling during delivery.—Green, *Am. Jour. Obstetrics*.

IN THE report of Yale Observatory there is a note concerning clinical thermometers that deserves attention. Of the thermometers sent for verification, from 25 to 75 per cent. are rejected. When instruments are not sent, the workmen take less pains with them, and hence the proportion of defective instruments is greater than among those submitted for examination. Self-registering instruments that have once displaced the index are unreliable thereafter, as the air bubble is not necessarily as large as at first, and hence require retesting.

THE MORRHUOLINES, OR ALKALOIDS OF COD LIVER OIL.—The most important active principles of the oil are the alkaloids, discovered in 1889 by M. Armand Gautier (Professeur à la Faculté de Médecine de Paris) and one of his students, M. L. Mourgues, (Professeur à Santiago de Chili).

Further investigations made by M. Gautier in 1891 and 1892 on chemical and physiological lines, show that the principal bases of Cod Liver Oil are:—

Amylamine,	$C_5H_{13}N$
Dihydrolutidine . . .	$C_7H_{11}N$
Oxycollidine, . . .	$C_8H_{11}NO$
Morrhaine,	$C_{19}H_{27}N_3$
Nicomorrhaine, . . .	$C_{20}H_{28}N_4$
Aselline,	$C_{25}H_{32}N_4$
Morrhucic Acid, . .	$C_9H_{13}NO_3$

the last of these, while having the properties of an acid, is, at the same time, slightly basic

The most abundant and most active of these principles are amylamine, oxycollidine, morrhaine and nicomorrhaine.

These alkaloids have all a somewhat similar action on the economy; in small doses they excite the activity of the nervous system and the intra-oxidization

processes, they assist the digestive functions, stimulate assimilation and circulation, and purify the system of its impurities as is indicated by the enormous quantities of urine excreted under their influence, the acceleration of the sudoral secretions and the increased appetite provoked.

Cod liver oil has always been known to produce these phenomena, but the experiments of M. M. Gautier and Mourgues, Laborde, Boillot, etc., on animals and on man, have established without doubt that these effects are especially due to the presence of the alkaloids of this oil. The value of this popular drug as a medicament therefore is fully confirmed and scientifically explained.

The discovery of these alkaloids has now passed the preliminary stage of laboratory experiment and in our laboratories at Neuilly, we have been able, by modifying and completing the indications laid down of M. Gautier & Mourgues, to extract them on an industrial scale, in a perfectly pure condition, as well as the principle salts of these bases. The following are exhibited for the first time:

AMYLAMINE.—(*Special to Cod Liver Oil*)

Free base $C_5H_{13}N$
 Hydrochlorate, $(C_5H_{13}N)HCl$
 Hydrobromate, $(C_5H_{13}N)HBr$
 Bitartrate, $(C_5H_{13}N)C_4H_6O_6$

DIHYDROLUTIDINE.—

Free base, $C_7H_{11}N$
 Bitartrate, $(C_7H_{11}N)C_4H_6O_6$

OXYCOLLIDINE.—

Free base, $C_8H_{11}NO$
 Hydrochlorate, $(C_8H_{11}NO)HCl$

NICOMORRHUINE.—

Free Base, $C_{20}H_{28}N_4$
 Hydrochlorate, $(C_{20}H_{28}N_4)2HCl$

MORRHUINE — . . . $C_{19}H_{27}N_3$

The observations and experiments made on man and animals, show that in view of their great activity, the salts of these alkaloids given hypodermically or by the stomach should not be administered to an adult human being in doses exceeding five to twenty centigrammes daily.

Morrhual, is an alcoholic extract of cod liver oil, which contains *all these alkaloids* and other useful principles essential to the complete therapeutical effects of the oil.

News and Miscellany.

A RARE OPPORTUNITY.

WE are surprised that none of the bright and enterprising readers of this journal have yet secured the Monte Vista property, recently offered for sale in one of our special numbers. This beautiful gem of the Sierra Nevadas is situated one-fourth of a mile from the Dutch Flat R. R. Station, Placer county California. It has long attracted the attention of tourists and health-seekers; and for the past nine years has opened its doors to guests from the interior and sea-coast cities, seeking recreation and recuperation from the wear and tear of business life. At an elevation of 3500 feet, it is absolutely free from all malaria the temperature seldom falling below the freezing point in the coldest winter, or exceeding 80 degrees in the warmest summer days. The purity and dryness of the air, together with the abounding springs and evergreen forests, unite to make this region the "Sanatorium of the Pacific," particularly for asthmatic and pulmonary troubles, which have never been known to develop in natives of this belt. The grandeur of the mountain scenery is here unsurpassed.

Nature, in this home-like tract of orchard, lawn, woodland, fine springs and running streams, has been most lavish; while verandas, mirror lakes embowered in trees, open pavillions, fountains and charming scenery, invite to out-door life. The balmy air of the upper "Sierras" has longed been proved to be the very "Elixir of Life," to scores of debilitated sufferers. For a physician seeking a location in California, this is an unusual opportunity to secure a business of the most attractive nature already established. The present owner, Mrs. C. E. Kinney, is advanced in years and wishes to retire.

NEW INSTRUMENTS.

SIM'S SPECULUM MODIFIED BY DR. F. R. SCHMUCKER, OF READING, PA.

THIS simple device consists of a weight attachment, the upper ends of which are so bent as to fit easily in two perforations near the end of the blades of Sims' Speculum. In operations on the uterus,

many gynæcologists now prefer to use Sims' Speculum with the patients in dorsal or lithotomy position. To hold the old-style speculum in place requires the aid of an assistant, whose position is necessarily awkward, and whose hand often interferes with the freedom of the operator. This modification of the speculum obviates the necessity of an assistant, and is found to answer a most admirable purpose. The perforations are made in both blades, so that either blade can be used by transferring the weight to the other, the ends of the wires dropping easily into the perforations.

With the patient in proper position on the operating table, the speculum never slips, but makes steady traction in the proper direction. To those who have tried it, this instrument has given most gratifying satisfaction.

ANASTOMOSIS BUTTON.

Is a device by Dr. J. R. Murphy, of Chicago, and is perhaps the most ingenious mechanical device for the purpose. See *Northwestern Practitioner*, November, 1892.

TOURNIQUET HOOK.

Dr. H. Augustus Wilson, of Philadelphia, has devised one of the simplest instruments for the immediate application of the tourniquet. The instrument consists simply of an S shaped wire, to the centre bar of which he attaches a piece of rubber tubing of desirable size, and binds the end over on itself and fastens it by means of a wire or cord; this leaves the other end free, which can be passed around the limb any number of times desired and is fastened by passing this rubber tubing under one end of the S shaped instrument which runs parallel with the centre bar and over this and then in turn under the other bar of the instrument, completely locking it, and forming an absolutely safe tourniquet.

COOK'S INVALID TABLE.

Mr. Cook has devised and patented a very simple and durable table for the use of invalids who are confined to their beds. It consists of an upright arm supported by an adjustable clamp, which can be applied to any bed-rail, large or small; and to this upright steel arm is securely fastened a horizontal steel bar

with a socket end, into which is placed a jointed part to which the table is attached. This jointed part just referred to is made so that it can be turned at an angle in order that the table may be used as a book rest, or it may be turned completely over and through an adjusting part on the clamp, can be turned around when not in use, to the head of the bed, for instance. It is made at a very reasonable cost.

Let Chicagoans read the following description of the Liffey, and take heart of grace: "Can nothing be done to abate the fulsome, foetid, fusty, frowsy, mephitic, woeful, frightful, foulness? During Whit-week visitors gazed upon this unsightly, sickening, ghastly, loathsome, sinister, suffocating slough, and asked me did I call it a river. I answered that it was a vile distortion of nature, a grim and grievous monstrosity—a turbid, rancid, yeasty, rank, purulent contamination—and that it was to me an odious eyesore, a vile, appalling, dire abomination, a pestilence, an envenomed virulence, a Stygian sink of smut, sludge, slime, scum, grime, grease, filth, hell-froth, and peccant humors."

Changes in the Medical Corps of the U. S. Navy for the week ending July 8, 1893:—Assistant Surgeon C. De W. Brownell detached from the U. S. S. "Newark," and granted one month's sick leave. Assistant Surgeon S. G. Evans ordered to the U. S. Receiving ship St. Louis. Pd. Assistant Surgeon C. W. Rush ordered before Retiring Board.

A case in a Glasgow court, quite recently, shows that the canny Scot still retains his belief in the evil eye. One of the witnesses said he believed in witchcraft, because the Apostles mentioned it. *Nota bene.* This is the latter part of the nineteenth century.

The British Medical Journal reports the death of a woman from an overdose of tartaric acid. About three drachms were taken.

The Times and Register.

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Original Articles.

SUMMER AND ITS EMERGENCIES.

By WILLIAM F. WAUGH, M. D.

THE sultry summer heats bring into prominence the acute affections of the alimentary canal, and those of the brain. Many of these are so rapid in their course that it is of the utmost importance to institute treatment with the least possible delay. A pencil and paper form but a paltry armamentarium for the physician, when a life may be lost while the messenger is going to the druggist and returning. A well-filled pocket-case of dosimetric granules offers so many advantages that I have spent some time in arranging one for my own use this summer. The principal emergencies for which prompt remedies are needed are as follows:

For choleraic attacks, colic, cramps, diarrhea and dysentery. Depending as these often do, on fermentation or other microbic action in the bowels, our first remedy is the sulpho-carbolate of zinc, gr. $\frac{1}{6}$. To a child, one of these may be given every half hour; to older subjects, two to six granules as often, until the symptoms are alleviated.

Children with summer complaint should be strictly limited to the raw white of egg in ice-water; raw, scraped beef, bovine, junket and fresh kumyss. Procter's wine of pepsin should be given with the egg or the beef. Small quantities of these foods should be given every two hours, alternately. Any article disagreeing should at once be stopped. All water or milk given should be well boiled; and the utmost care taken to keep all dishes, bottles, etc., aseptically clean. The children must be dressed lightly, and kept out of the midday sun on hot days. The bath-tub should be within their reach at all hours, and they should be allowed to get into the water and cool off as often as they like. The first unhealthy stool should be an indication for the following prescription:

R Potas. carbonat gr. xx
Vin. ipecac 3 ss
Tinct. hydrastis 3 ij
Syr. rhei aromat ad 3 ij
M. S.—gtt. x to 3j, every four hours.

If in one day the stools have not become healthy, add the sulpho-carbolate of zinc and stop all milk. If the stomach become irritable give the zinc and bismuth alone. If the bowels become very loose, give an enema of hot water, four

ounces, with a scruple of sulpho-carbolate in it; repeated as often as necessary.

For such attacks on adults:

Hot applications to the abdomen, mustard, hot bottles or turpentine stupes are also in order. A good combination for severe attacks of pain is the following:

R Tr. opii deodorat.
Tr. camphoræ,
Tr. capsici,
Chloroformi aa $\frac{3}{4}$ ij
Tr. zingiberis 3j

M. S.—Fifteen drops to a tea-spoonful every thirty minutes until relieved. The severer the pain, the less water to be taken with the dose.

This is a powerful remedy for the choleraic attacks of adults. Children usually do better on the zinc and bismuth.

For diarrhea, with unhealthy stools, pain, flatulence, acidity or indigestion, often preceding attacks of cholera infantum:

1. Zinc sulpho-carbolate, gr. 1-6; one every hour.
2. Calomel, gr. 1-12; one every two to four hours.
3. Copper arsenite, gr. 1-1000; one every four hours. Best suited for children who pass food undigested, soon after it is swallowed. For adults with this symptom, the dose should be 1-100 grain every four hours.
4. Mercury with chalk, gr. 1-6. Better than calomel for infants. One granule every two to four hours.

For nausea, vomiting, heart burn, water-brash, irritability of stomach:

1. Zinc sulpho-carbolate, gr. 1-6.
2. Bismuth subnitrate, gr. 1-6; one zinc granule and three of bismuth, to an infant, every half to two hours: three zinc and six bismuth to an adult, every fifteen minutes, till relieved.
3. Cerium oxalate, gr. 1-6; one to three every time nausea is felt. A very efficient remedy for many kinds of sickness besides that of pregnancy.
4. Cocaine muriate, gr. 1-12. For sea-sickness this drug has won a high reputation. One granule whenever nausea is felt. After taking this drug, food may be retained that would otherwise be rejected.

Much of the summer vomiting is due to unwholesome food; and an emetic of warm mustard water is needed. Much more is due to continual swilling of "summer drinks;" and requires abstinence, and a little self-control.

For very severe pain:

Morphine sulphate, gr. 1-12.

These granules may be used with the hypodermic syringe; one to six, as required. In many cases of colic, cramp, or sudden and violent painful attacks, a hypodermic of morphine gives the

speediest and most effectual relief; especially when the stomach will retain nothing.

For diarrhea or dysentery, with pain and fever:

1. Ipecac. comp, gr. 1-12. This contains morphine sulphate, gr. 1-134, emetine, gr. 1-250; and camphor monobromide, gr. 1-12. Of these, from one to ten may be given every two hours according to age.

For diarrhea or dysentery after the acute stage has passed:

1. Acid tannic, gr. 1-6. One every half to two hours, according to age. For loose, watery stools, without pain or fever.
2. Cotoin, gr. 1-67. One to five every two hours. For diarrhea of phthisis.
3. Lead acetate, gr. 1-12. One to six according to age, every one to three hours. For diarrhea with some fever and tenderness remaining.
4. Mercury bichloride, gr. 1-134. One four times daily; for chronic, obstinate cases.
5. Strychnine nit. gr. 1-134. One every two to four hours, for adults; less for children. For cases where the flux continues from weakness and relaxation, all acute symptoms having ceased.

For atonic dyspepsia, flatulence and indigestion:

1. Brucine, gr. 1-134. One to six, according to age, before each meal.
2. Capsicum pulv., gr. 1-20. One after meals; for adults only.
3. Quinine arseniate, gr. 1-67. One or two before meals; for adults. Take in water only.

For indigestion with whitish, offensive stools:

1. Calomel, gr. 1-12.
2. Fel bovin. gr. j. One of each after each meal.

Avoid fats, sugar, fried food, pork, veal, ice cream and ice water.

For Constipation:

1. Atropine sulphate, gr. 1-250. One to five, according to age, at bed time and on rising; for habitual constipation, and that due to excess in iced drinks.
2. Calomel, gr. 1-12. One every hour, for bilious cases, with offensive gas.
3. Croton oil, gr. 1-12. It has been claimed that croton oil in this small dose exactly replaces castor oil. I would not care, however, to give it to a child or delicate adult. For a hearty man it would be useful; and to avert a threatened apoplexy, invaluable.
4. Euonymin, gr. 1-12. One to three or more, according to age. A very useful remedy for dyspepsia with constipation.

For headache, from heat, excitement, menstrual, exposure to sun, or with fever:

1. Aconitine amorph., gr. 1-500. One to three every fifteen minutes to one hour, according

to age and severity of pain. Always give dissolved in a little hot water, to get speedy effect and avoid accumulating in the stomach. For menstrual, fever, or heat.

2. Acetanilid, gr. 1-6. One to six, according to age, every hour. Especially for fever or from heat.
3. Caffeine citrate, gr. 1-6. One to three every half hour; for excitement, fatigue or sun headaches.
4. Iodoform, gr. 1-6. One to three every one to three hours. For nervous, excitement, or menstrual headache.
5. Colchicine, gr. 1-250. One every hour, taken only in hot water. For the headaches of plethoric, gouty, over-fed men only.
6. Lithium salicylate, gr. 1-6. Three to six every hour for uricemic or indigestion headaches.
7. Nickel bromide, gr. 1-6. One to six every half hour. For congestive, sun, over-exertion, or menstrual headaches, especially with weak pulse.
8. Podophyllin, gr. 1-12. One every two to four hours, for bilious headache, in adults.
9. Pilocarpine nit., gr. 1-67. One to six, according to age, for acute congestive, febrile or uremic headaches.

For Neuralgia:

1. Aconitine amorph., gr. 1-500. One every ten minutes, in hot water only, for congestive forms.
2. Acetanilid, gr. 1-6. One to five every four hour, for all cases except with weak heart.
3. Atropine sulphate, gr. 1-250. One every half hour, in hot water only, till relieved. For adults, only with weak heart.

For heat exhaustion, so-called sunstroke, with weak pulse, great prostration, but no fever:

1. Strychnine nit., gr. 1-67. One by hypodermic, every to two four hours; oftener if very weak.
2. Digitalin amorph., gr. 1-67. One every four hours, by hypodermic. This acts more slowly but is more lasting than the strychnine. They may be given alternately.
3. Atropine sulphate, gr. 1-250. One to three, by hypodermic, for cases on the border line between heat exhaustion and true sunstroke. Repeated every two to eight hours, according to state of pupils.

For profuse sweating, great thirst and scanty urine:

Avoid iced drinks altogether; do not drink at all until after breakfast, and thereafter merely moisten the lips or rinse out the mouth. Take a granule of brucine or quassine in a dessert-spoonful of water when you must drink, or three granules of phosphoric acid in a table-spoonful. Take a granule of atropine, gr. $\frac{1}{250}$, and repeat every two to four hours, as the effect wears off. This is to stop the sweating, which is the

cause of the thirst, etc. Take a hot bath, morning and evening. Don't drink while eating; chew your food well, and take but little soup.

For feeble heart:

An occasional granule of brucine, digitalin or atropine, as indicated by the pulse.

For ice-water or tea-dyspepsia:

Phosphoric acid, brucine and capsicum or a few drops of ginger, in the drink-drinking-water.

For Fever:

1. Aconitine amorph., gr. 1-500.
2. Acetanilide, gr. 1-6. One of either every fifteen to sixty minutes, according to age and degree of fever. Cold water to the head; changed every minute.
3. Trinity granule; aconitine, gr. 1-500, digitalin, veratrine, aa gr. 1-250. One to five every hour or two. For all sthenic fevers.

For sunstroke:

Acetanilid. Give five to twenty grains at once, in hot water. Apply ice to the head, get the patient into the coolest place possible, get his clothes off, and drench him with cold water, with the hose if possible, keeping the ice constantly applied, till the temperature comes down below 100°. This is the treatment for true sunstroke, with high fever.

For fainting, or great debility:

1. Nitro-glycerin or glonoin, gr. 1-250. One to five, for adult, repeated in ten minutes if not relieved. Follow with digitalin or strychnine, wine, camphor, ammonia or brandy. Keep the head down and the feet up.

For debility, loss of appetite:

1. Quassine, gr. 1-67. One to six in water at each meal.
2. Berberine mur. gr. 1-6. One or more in water, before meals.
3. Brucine. One to four before meals, in water.

For Anemia:

1. Iron arseniate, gr. 1-67. One to three before meals, in water.
2. Iron phosphate, gr. 1-6. One to six, in water, before meals.

For Hemorrhage:

1. Digitalin. One to five every four hours, in hot water only.
2. Ergotin, gr. 1-6. Three to six hypodermically.

For summer cough:

1. Apomorphine, gr. 1-67. One to five, every two to four hours.
2. Ipecac comp. same dose.
3. Aspidospermine, gr. 1-12. One every two to four hours, for short breath or asthmatic symptoms.

4. Acid benzoic, gr. 1-6. One to five every two to four hours; for profuse or fetid sputa.
5. Codeine sulph., gr. 1-12. To allay severe cough. One as needed every two to six hours.
6. Sanguinarine, gr. 1-67. One every two to four hours, to stimulate lungs.

For menstrual disorders:

1. Macrotin, gr. 1-6. One to three every two to four hours, for pains, cramps, or too free flow.
2. Viburnin, gr. 1-6. Two to six every two to four hours, for pains, cramps and retarded flow.
3. Aconitine. Two every hour or two, for stoppage from cold.
4. Gossypin, gr. 1-6. Six to ten every two to four hours, for amenorrhea.

This makes a list of forty-seven granules, and a hypodermic syringe will fill up the ordinary forty-eight vial case. I have not included all the good and useful granules, nor have I enumerated nearly all the uses to which these can be put. But I think that the case must be rare indeed that cannot be successfully treated by this list, at least until other supplies can be procured.

The cases have been simply jotted down from my note-book, but will very fairly represent those we meet in summer practice.

CHOLERA INFANTUM.

By HERMAN D. MARCUS, M. D., D.D.S.

[Late Resident Physician at the Philadelphia Hospital]

THERE is probably no other affection peculiar to infancy so fatal as cholera infantum, and no disease of childhood so common as this intestinal disturbance. When we look over the various health reports of our large cities we find that during the warm months June, July, August and September this disease ranks first as to the number of total cases and as to its death rate.

The causation of this disease lies in the majority of cases in bad hygiene and alimentation, secondly due to irritation from imperfect dentition and thirdly to the excessive heat prevalent.

In the group of cases caused by bad hygiene come those cases which are directly traceable to overcrowding, presence of decaying vegetable or animal matters, poisonous gases, etc.

In large cities where the tendency to overcrowding is marked, such as the tenement houses, we find that the number of cases reported is far in excess of

those where ground is not so "expensive," as to necessitate the erection of of these "modern" buildings. Such overcrowding as found in the poorest quarters of our large cities is unquestionably a primary cause of such results which, classed as a whole, under the heading of bad hygiene, may be subdivided under such terms as filth, decayed animal or vegetable matters, noxious gases, etc.

In a building holding from 100 to 200 persons belonging to the poorer class, cleanliness is considered of secondary importance only. All refuse is generally dumped in the yard, if such a place exists, or is most generally kept in the room waiting for this grand American institution, "the contractor's wagon," to appear and collect garbage or ashes. Such a collection is generally made at will. Ashes are supposed to be collected weekly, and garbage daily, but at the pleasure of these omnipotent gentlemen, garbage may be collected every second or third day. Just where most necessary, in the district occupied by the poor class, such dereliction occurs quite frequently, probably due to the characteristic apathy of this class.

The result is an increased amount of sickness and a death rate varying from 40 to 60 per mille.

The irritation due to dentition, one of the most important causes of cholera infantum is one quite frequently observed. This irritation causes a general enfeeblement of the system, thereby impairing digestion and causing irritation of the alimentary tract, which gives rise to the symptoms peculiar to cholera infantum. It is mostly in these cases in which cerebral symptoms become marked, causing convulsions, so peculiar in some cases of cholera infantum.

The effect of excessive summer heat upon the adult is known to be debilitating and exhausting. Considering then the lesser vitality of children, who in all probability are undergoing a siege of dentition, is it any wonder that in such instances the result becomes fatal? The child teething, digestion impaired, it becomes exhausted by excessive heat, and if any such debilitating condition as a profuse diarrhea arises, recovery becomes very doubtful. If dentition is at fault,

then this should be immediately remedied.

Lancing of the gums is a therapeutic measure which must be resorted to, whenever indications call for such treatment. In the employment of this form of treatment due regard must be paid to the relative position of teeth and all lancing should be governed accordingly. Upper incisors and upper and lower cuspids should be lanced *parallel* with the cutting edge and to the *outer* margin of the gum. Lower incisors *parallel* with the cutting edge and the *inner* margin of the gum. Molars should be lanced *crucially* (x) or in severe cases, a whole block of gum may be taken off over the cuspids. The child must be well secured to prevent sudden starts and the lancet carefully guarded. The incision must be made freely down upon the teeth, as a mere scratching will be without any value and tend to keep the gums still more irritated.

One of the questions of greatest importance in cholera infantum is the food. Where the child is breast fed and the mother's milk is good, this question of course becomes settled, but in babies artificially fed, it becomes one of vital importance. Good, pure cow's milk is in most cases the best substitute for mother's milk, although with some infants the very best cow's milk is non-productive of good health. For such cases if the purity of the milk becomes questionable, we must take recourse to milk preparations. There is no question that cow's milk during the hot weather, if kept for a day, undergoes changes by fermentation and the risk in using such milk is very great.

Probably no better preparations can be found on the market than the lacto-preparata of Reed & Carnrick. In the preparation and manufacture of these substitutes for mother's milk, the greatest care is exercised to make them as nearly alike to mother's milk as possible.

Carnrick's lacto-preparata resembles milk in all respects and is especially advantageous for the feeding of infants up to seven months. For older infants, Carnrick's soluble food, containing dextrinated wheat, has been found of remarkable benefit, especially to such children as, debilitated by an attack of cholera infantum, are unable to digest

any other food given to them. In both these preparations, we are assured of positive purity, a fact which only too often is lacking in some of these so-called infant foods.

Recognizing that the irritation in the alimentary tract is due to the presence of a micro-organism our treatment, (medicinally) must be governed accordingly. No graver error can be committed than to direct all treatment towards the rapid checking of the diarrhea. The use of astringents and opiates is positively contra-indicated as such treatment will, though checking the diarrhea leave the bowels filled with putrid material, causing such local irritation as to greatly endanger the little sufferer. The only rational treatment is in the first place a thorough calomel purge; calo-mel, gr. $\frac{1}{24}$ and bicarbonate of soda, gr. ii, every hour until six doses are taken, followed by two to four drachms of castor oil for a child one year old. This may appear a rather severe treatment, but in a total of some forty to fifty cases thus treated no ill results were ever observed.

This treatment is then followed by the exhibition of some intestinal antiseptic. In the group of this class of remedies, none has been more successfully employed at my hands than the sulpho-carbolate of zinc. The advantages of this drug were at length described by Dr. William F. Waugh, in a paper read before the Pennsylvania State Medical Society (June 3d, 1891), on the treatment of typhoid fever. I quote from it: "In the sulpho-carbolate of zinc, we have an agent that is singularly free from objectionable qualities. It is inodorous, almost tasteless, easily retained by a delicate stomach, and the most powerful antiseptic I have ever introduced into the alimentary canal."

This drug should be administered in doses of from one-sixth to one-half grain every two or three hours. Such treatment is soon followed by an amelioration of all symptoms. The fever abates, the stools lose their offensive odor and become lessened in number, and the child again regains its normal vigor.

Salol is undoubtedly very valuable in the treatment of this disease, but is not nearly as prompt in its action as the sul-

pho-carbolate. It may be given in doses of from 5 to 7 grains three to four times daily.

In conclusion one other very important remedial agent, both prophylactic and curative; and this is plenty of fresh air. If the child cannot be sent away to some country place, it must be kept as much in the open air as possible. Wheeling it in its coach in the shade of some near-by square daily, for a few hours, preferably the morning hours, (from 8 to 11 o'clock), and repeating this toward evening, will tend to help to both avert the disease, or if already present, will be found a great auxiliary in its treatment.

SOME NOTES UPON INSOMNIA.

By W. H. WALLING, M. D.

PHILADELPHIA, PA.

IN many, if not in most cases of insomnia, we find the nutrition to be at fault, and the first thing to be done is to so regulate the diet as to give the system the needed aliment in the most readily assimilable form. Constipation being an almost constant factor in such cases, it must be overcome. For this condition the practitioner must select the drug or combination of drugs most suitable to each case.

The flushing of the colon with warm water just before bed time will frequently produce or allow sleep, as restlessness is caused by an overloaded bowel. This flushing is being used quite extensively, having been much advertised. It may be a questionable proceeding as a rule. Prof. Mathews not only disapproves of it, but condemns the use of soap in enemas, stating that the lining of the bowel is rendered dry and unhealthy by the action of the soap.

Glycerine enemata or glycerine suppositories will not prove efficacious in emptying the bowel unless the rectum be filled with fecal matter. If sleeplessness be due to a lack of sufficient food, some suitable nourishment at bed-time is often demanded, and I know nothing better at such times than concentrated clam juice, water and milk, equal parts of each, a large cupful or more being taken as hot as can be borne. (Even a cup of plain hot water freshly boiled

will often induce sleep.) I have frequently given, in addition to the bed-time broth, a supplementary portion at 2 or 3 o'clock in the morning, directing the nurse to prepare and administer it at that hour, as the time from supper, or even 9 o'clock, until 8 or 9 o'clock the next morning is too long an interval for an invalid to go without nourishment. The system being thus fortified, the patient is enabled to sleep until 8 or 9 in the morning, awakening refreshed instead of exhausted, as would be the case without the added food. Other forms of nourishment may be substituted, such as plain milk, if well borne, or milk and lime water, or a weak punch, but I have abandoned the use of beef tea as well as the various preparations of beef, peptonized or otherwise, finding that even the best of them are but little better than stimulants. At times a stimulant may be needed, and then they are very useful; better as a rule than alcoholics.

There are cases, however, when some powerful nerve sedative is required as a hypnotic. I frequently use amorphous aconitine in granules of the $\frac{1}{50}$ of a grain, one as a dose, to be repeated in half an hour to an hour, as may be required, and with most happy effect. The extract or fluid extract of *cannabis indica* is also a most excellent and an absolutely safe hypnotic, and may be pushed in some cases very strongly. Codeine sulphate I have used largely, in preference to opium or morphine, when pain was the cause of the sleeplessness. Hyoscyamine and hyoscyne may at times be needed to overcome serious excitement with resulting wakefulness. These drugs will control some forms of insomnia much better than opium or any of its preparations.

We frequently meet with cases, however, in which everything seems to fail us. No relief from the weary and wearing insomnia with anything we have used. The patient, the nurses and the doctor are all worn out. Latterly I have been using in such cases, and with most gratifying results, a preparation called *chloralamid*. This has compelled sleep when all other remedies had failed. I give fifteen grains at bed time, to be repeated in fifteen minutes if sleep is not induced, with a third dose if needed.

Rarely have I been compelled to give a third dose. Some authors have recommended thirty to forty-five grains at one time, but my general plan is to give small doses of all drugs, and repeat at frequent intervals, until the desired effect is produced. In this way the system is brought gradually under the influence of a remedy with good results.

In a recent case of serious mental excitement, where all other means had failed, chloralamid *compelled* sleep even against the patient's protest, and the rest was prolonged and refreshing. I am thankful for a preparation that will *make* refractory patients sleep, and leave no bad effects. The drug should not be given in hot water, as that seems to decompose it. Dissolve it in a little spirit, add water and administer. The effect is not so rapid when given dry on the tongue.

1606 GREEN ST., July 1893.

OBITUARY.

CAMPBELL—On July 14th, 1893. J. Moore Campbell, M. D., in the forty-fourth year of his age.

RESOLUTIONS

of the Jefferson Medical College graduating class of 1878, touching the death of Dr. J. Moore Campbell.

WHEREAS—In view of the loss we have sustained by the decease of our dear classmate and associate in the practice of medicine and of the still heavier loss sustained by those who were nearest and dearest to him, therefore be it

Resolved, That we tenderly condole with the family of our deceased classmate in their hour of trial and affliction and commend them to the keeping of him who looks with pitying eyes upon the widowed and fatherless

Resolved, That in our natural sorrow for the loss of our esteemed classmate, and a faithful and eminent practitioner of medicine, believing the world is better he having lived in it, we find consolation in the belief that it is well with him for whom we mourn.

Resolved, That this heartfelt testimonial of our sympathy and sorrow be forwarded to the family of our departed classmate by the president of the Jefferson Medical College class of 1878.

L. WEBSTER FOX, M. D., President.

H. A. Brous, M. D.

A. H. Hulshizer, M. D. } Committee.

J. A. Wamsley, M. D. }

Annotations.

SILVER.

THE way to settle the silver question is for some genius to bring silver dinner services into fashion again. Our ancestors ate from metal, pewter or silver, until China sent them her porcelain. If every man who could afford it would now invest in a complete service of solid silver, he could do so at an unprecedentedly low cost; and if silver were to go up to its old value the investment would be profitable. The father of Frederick the Great stored his surplus silver in domestic utensils, the balustrades of his palace being of the white metal, which afterwards played an important part in in his son's career.

Book Notes.

FORMULAIRE GYNECOLOGIQUE, ILLUSTRE, PAR LE DR. A. AUWARD. Accoucheur des hopitaux, Paris. Rueff et Cie, Editeurs.

This very complete little manual of over 100 pages is based on the original idea of presenting a certain clearly determined gynecological condition, which is illustrated by the plates and then explained in text as regards the details and diagnosis, after which the treatment applicable is detailed. The illustrations, many of which are colored, are remarkably clear and distinct, while the descriptions of the various pathological conditions, as well as the details of treatment, do ample justice to Dr. Auward's large experience; and the work as a whole compares favorably with the others published by this author.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

MANAGING EDITOR.

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THE PRESENT STATUS OF MEDICAL SOCIETIES IN THE UNITED STATES.

IT has come to our knowledge in the recent past that the position of our medical societies is not what it should be; that the membership in state societies, and the national medical societies, is not so great as formerly, while the population and number of physicians is steadily increasing. It is a humiliating spectacle to see the *Journal of the American Medical Association*, embarrassed for funds and threatened with extinction in the near future.

We are informed that in New York City, which has two regular medical societies, about a third of the doctors there are connected with none, and this tendency to ignore societies, we learn, is quite general too, in the west and south.

We will not stop to enquire into the causes of this unfortunate state of things at present; but will give our attention to it later. But we would say that, for the

entire profession, the medical communism can be regarded in no other sense than a misfortune. "In unity, there is strength," there is support, there is independence and protection. Certain it is that but very few of the many, either through want of commanding ability or other circumstances, can be leaders, and stand at the helm; but all can combine, at a very moderate outlay, to maintain a city, state or national medical association, to which a worthy but unfortunate or persecuted member might turn in the event of trouble or disaster. Medical societies properly organized are of immeasurable value to the rank and file, as well as to those who make their way to the front. Hence, we say, let every respectable practitioner, who has the welfare of humanity at heart and who wishes to see the status of his profession raised, at once apply and join the ranks.

T. H. M.

MODERN HEMOSTATIC METHODS.

WITHIN very recent times, the whole question of the subjugation of hemorrhage has undergone most revolutionary changes. Physics, antiseptics and bacteriological studies have struck at the very foundation of former teaching upon this subject. Esmarch ventured to utilize elastic-compression of the tissues *en masse*. Koeberle invented the modern scissor handled artery forceps. Lister, Ballance, Senn and Warren, by their study of microbes in connection with the deligation of an artery in its continuity, have discovered that the crassamentum plays but an inferior role as an embolus in damming back the arterial current; that it never is organized as such, but that it is attacked, disorganized and made away with by phagocytes and that the permanent occlusion of the vessel depends on a hyperplasia from the interior. The Esmarch bandage

is of great value judiciously applied; but we fear that its injudicious employment perhaps has done as much harm as good. Applied too firmly or continued too long, it works great damage. A vicious notion prevails that the whole danger in an amputation depends on the loss of blood alone; and that to-day bloodless amputation must always be a safe one. But, unhappily, mental or secondary shock may follow the most anemic division of the tissues.

The modern clamp forceps has its uses; but the closing up and ligation of every spurting vessel, over a large surface, is a useless and harmful measure. Rather treat the smaller and medium sized vessels by torsion and close the larger with the double reef-knot of cat-gut, prepared in chromic acid.

The assumption that because a man has a popliteal or other aneurism his whole arterial system is atheromatous, is not in accord what modern pathological knowledge conveys. The question as to whether a blood-clot undergoes permanent organization or not is immaterial. All must acknowledge that it serves as a temporary buffer in the end of the open vessel, to protect it against the blood torrents, until consolidation is complete.

It may be said in conclusion, that no doubt, with the enlightening study of modern investigation, experimentation on the animal, and the leisure and safety which anæsthesia, analgesis and asepsis give us, we will, in the near future, find the manual and technique of hæmostasis brought close up to the pinnacle of perfection.

T. H. M.

SALIVA is recommended by Didama as a lubricant for catheters. This substance appears to have all the objectionable qualities of all others combined; with the added danger of a careless fellow conveying urethral germs to his mouth.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

MORPHINISM.

HAVING some bad cases I would ask you to inform me in regard to bracing up a certain class of morphine patients, that will come down to $\frac{1}{4}$ or even $\frac{1}{8}$ grain, and there they will hang with faintness, stomach and bowels involved, neuralgia somewhere, and pains everywhere, especially of the lower limbs.

I have been giving them gold, atropine and strychnine nitrate injections, and a tonic of gold, nux vomica, glycerine and ext. red cinchona, together with hot baths, massage, etc.

J. C. B.

[The best substitute is codeine in doses three times that of the morphine they are taking. At the same time give bromide of ammonium, gr. xx, thrice a day. But with all substitutes the cure is less enduring than where the man resolutely faces his enemy and fights it out without them.

—W. F. W.]

THE REWARDS OF NEARLY HALF A CENTURY'S FAITHFUL WORK AS A COUNTRY PRACTITIONER —RHEUMATISM AND POVERTY.

I AM in a bad way, and consult you, hoping you may be able to give me some advice, that will at least give me some comfort and ease while I live. I have been staving off this great oppression now for eight or ten years, but I can no longer gain any but temporary relief to myself. I therefore appeal to you, with some hope that you can relieve me of the oppression and allow me to go down to the grave in comfort and peace.

I am 67 years old, August 1st, weigh 235 pounds; I am 5 feet 10 inches high,

46 inches chest, 52 waist measure, prominent abdomen, florid, light complexion. My father was an Englishman, from London, a mechanic by profession, who died at fifty years, with throat trouble brought on by exposure. One physician pronounced it consumption; the other, local throat trouble (probably chronic laryngitis). There has occurred in the grandchildren quite a number of tuberculosis cases, all dying young. On the mother's side, a Virginian, of a long-lived family. My mother died at 83, and grandmother at a something older age. The family were given to a fatty condition, with large and fatty abdomens. My mother had chronic rheumatism for many years of her later life. I was a Mexican war soldier, of 1846-47, and had a severe attack of dysentery early in the campaign, treated with large doses of opium. I recovered slowly, and had as soon as able to wade through an overflowed country, the bottoms of the Rio Grande river, to get drinking water from the current of the river, and rations which were issued from the deck of steam boats. The result was an acute attack of articular rheumatism from which I have never been free since, having to go to bed on account of it but once, however, in March 1872; after spending the winter months in Louisville, Ky.

I was then in bed for three months, which has left all my joints stiff since, though I have done an active country practice of medicine. My heart has shown derangement all the way along; at times a dyspnea, which annoyed me greatly; a raw, irritating feeling in the region of the heart, with a quick and at first tumultuous heart-beat, and irregularity; a rumbling breathing like a wounded feeling passing off. Of late years excitement of any kind brings on one of these attacks; a stooping position, such as is often necessary in examining a patient, or a constrained position with at the same time a mental strain, in mapping out a tumor or exudative deposit, would almost exhaust me, and I have had to give up obstetrics for several years, except as consultant. For the last four months I have had a new set of symptoms; with or before one of these dyspneic attacks, I would suddenly feel great soreness across the epigastric region, even the cartilaginous

termination of the ribs would feel like a suddenly developed rheumatic joint pain, which I frequently have developed in a few hours (now at this writing the carpal joint of the middle finger is thus suddenly sore), inability to take a deep inspiration, with a seeming congestion or rather watery filling of the vesicles of the lung (œdema, I suppose, from tension of the venous system of the lungs), either right heart valves or aortic valve insufficiency, I am at a loss to say which of these conditions exist; it more generally occurs after being in a recumbent position; though sudden emotion, exercise or excitement will develop it. My feet and legs have shown more or less œdema for years, but are much worse for the last few months, subsiding and refilling apparently without cause. In other words I am almost beyond going or exercising, still I go to my office morning and evening and prescribe for patients when I can do it without much exertion, thinking it better than to be altogether idle, for I am compelled to make my piece of bread before I eat it, having nothing in the way of property left me but my residence, after a long and active practice of my profession for forty-four years.

I have been regular in my habits as far as possible for one having gone through an active practice of medicine, in a sparsely inhabited country for forty-four years, never used alcoholic drinks, used tobacco moderately in middle life, but not lately; have always been a good liver, having abundance of food, game, fish, meats, fowls and prepared dishes of all kinds, eating heartily, until the last few months, when I have been trying to be more careful and eating less, but without any apparent good result. My complexion and terminating capillaries seem all perfect, and but for the dyspnea and nervous phenomena, I would be as well as any rheumatic man of my age. It is likely the valves of my heart became early involved; hypertrophied heart, now failure of accommodation with dilatation. I find quicker relief from the overpowering dyspnea and pain in the epigastrium and heart, from a full dose of digitalis, nux vomica and phytolacca, than from anything else, though $\frac{1}{32}$ gr. strychnine will ordinarily ward off an attack if taken in time.

I have been taking macrotin, phyto-laccin and podophyllin, to eliminate the rheumatic trouble, and hydrastin, helonin, leptandrin, eupatorin for the kidneys.

The analysis of urine to-day: S. G. 1022, at 60° F., morning urine, varying after breakfasting, however, quite acid in reaction, boiling urine shows no cloudiness whatever, changing color from a beautiful saffron to a much lighter color with nitric acid, at junction of urine and acid a dark amber ring only, no light cloudiness indicative of albumen whatever, showing the coloring matter of the urine prominent; did not test for uric acid, but feel assured it predominated. The smell was quite distinct, a peculiar smell, strong and pungent.

As before said, I was always well excepting a rheumatic twinge usually in the muscles of the neck for many years; and headaches which I found to have been occasioned from a tired and irritated condition of the accomodation muscles of the eye, or a rheumatic condition of these muscles. A properly fitting pair of eyeglasses remedied the headaches, but no treatment that an active practitioner of medicine could carry out would eradicate the old enemy but for a time; the first indiscretion either in diet or exposure to the weather would bring the rheumatism to the front, so I diagnosed my case a crippled and rheumatic heart, involving recently the nervous and circulatory systems, producing congestion and a paralyzed condition of certain organs and nerves. Can you comfort me by such advice as to relieve me, if only in part, of this great oppression and enable me to lie down and rest?

I can assure you, Doctor, in some of these awful throes, the muscles of the heart must give way, without they can be modified, and the heart's muscles relieved from this exasperating irritation and strain. After one of these attacks, the sputa is tinged with blood like unto a mild pneumonia attack.

H. J. S.

[The diagnosis is correct. The indications are: 1. Check the rheumatism. 2. Strengthen the heart. 3. Lessen its work.

For the first I would recommend the solution of strontium iodide from which I have been getting good results. In such chronic cases nothing compares with the iodides,

For the second, spartein sulphate, gr. 1-6, every four hours.

The third indication is met by reducing the quantity of fluids taken to the lowest degree compatible with health. Eat the meals dry, drinking only one cup of tea or other beverage after the meal has been eaten. Let the food be nourishing, but the meals not too large: taking four medium meals rather than three full ones. Avoid exposure and all emotion or exertion that could cause dyspnea.—W. F. W.]

ANESTHESIA OF FINGERS AND TOES.

PLEASE give me your opinion of my own case. I am 70 years of age, healthy in every respect, have no hereditary symptoms, never had any secret disease, have had lately a short attack of catarrh of the bowels; since which I have been suffering with numbness of the terminal extremities of the fingers of my right hand, and of the great toe of my right foot.

Please give me pathological cause and confer a favor.

KENNETH THOMPSON, M. D.

TRINITY, TEXAS.

[Oedema or anemia of the brain or atheroma. If the former, you will have giddiness, faintness, perhaps short breath and insomnia. Good diet, a little wine, care of digestion and avoidance of over-exertion are the remedie-; with mild tonics, and nux vomica.

If atheroma there will be the senile arc tortuous arteries, cord like to the touch. Iodine in small doses should be then taken for a long time; the best form being the syrup of hydriodic acid, or Lugol's solution. W. F. W.]

TRITICUM.

IN the TIMES AND REGISTER a short time ago I noticed a prescription called "Infusion of Triticum Co.," (E. Chenery) for constipation, as follows:

R Sennæ folii
Tritici repens, ana pts. xxv
Balmoniz pts. i

Will you kindly tell me what Balmonia is, and in the above in what form does it come?

Triticum Repens—In what form is it in the above?

Above is substitute for Garfield Tea.

JAMES A. EGAN, M. D.,

FT. SHERIDAN, ILL.

[Triticum repens, or couch-grass, a grass found over Europe and N. America; supposed to be the progenitor of wheat, from which the latter has been developed by cultivation. Balmony is also,

I believe, a native plant. Both are found at the pharmacies as herbs. I think the flowering tops of both are employed, as the root of the triticum is used as a food for horses, and is probably devoid of medicinal action.—Ed. T. and R.]

ŒSOPHAGEAL STRICTURES.

I AM in trouble again, and as the better way out of it come to you for assistance. The case is plainly one of œsophageal stricture. Patient, male, about 40 years of age, naturally strong and of good constitution. He came into my hands, after "going the rounds," a month ago. He complained simply of difficulty in swallowing and regurgitation of food and drink. No pain, tenderness, or inconvenience of any kind except as above stated. Upon taking a glass of water he will sometimes regurgitate the fluid after taking two or three swallows; at other times will apparently succeed in getting it all into the stomach, only to find, possibly after the lapse of several hours, that, as he expresses it, it is still sticking in his throat. With his meals it is necessary for him to take large quantities of fluids in order to swallow solid food, and even then, half of the meal is ejected soon after eating. Upon passing an œsophageal sound, I met with very firm obstruction in the upper part of the tube, after the passage of about six inches of the shank of the instrument. The constricted portion was so small that the smallest bulb of the sound, measuring less than $\frac{3}{8}$ of an inch in diameter, would not enter it, in fact I had difficulty in passing it with a No. 9 soft rubber catheter. I then found that I had to deal with a pair of them, for about 1 inch below the first stricture the instrument located another one of like ilk. Although warned by various authorities as to the unhappy ending of nearly all of these cases, I nevertheless felt pretty good about my case, for here I had found something the treatment for which was unquestionable. Must dilate them. Well I have been dilating them ever since and the patient is little or no better. What shall I do with it? After gradually leading up to it, I can now pass the fourth sized bulb (about $\frac{5}{8}$ in. diam.) but it does no good; as the parts immediately return to their former condition. No reason to suspect malignant growth, or aneurism;

no history of syphilis. As to cause, I am in doubt, but the explanation may lie in the fact that several years ago, while partially unconscious he was forced to swallow scalding hot broth; also when a child he swallowed a piece of glass, *which produced much choking*. Is it not possible that this glass found a lodging place in the wall of the œsophagus? I must also mention that there is much "pouching" above both strictures. Upon passing the sound to-day he regurgitated berries which were eaten yesterday. Is it a case for œsophagotomy (internal)? I apologize for taking up so much of your time and for using so much space in your valuable journal but I wished to give you all the points I could. The patient is fairly well nourished.

W. L. Gilbert, M. D.

GOODELL, IOWA.

[I would try the effect of electrolysis in this case applying an insulated electrode with a low current; and dilating up to the full caliber of the normal œsophagus. If the glass were still there, it would probably occasion more active symptoms, or be heard of when the sound is inserted. If the electric treatment fail, we have œsophagotomy in reserve.—W. F. W.]

Society Notes.

The Berks County Medical Society, on Tuesday, June 13th, accepted the invitation of the Board of Directors of the poor, to visit the county almshouse.

After the society had assembled in Common Council Chamber for organization, and transacted some necessary business, it adjourned to go to the almshouse. Taking the electric cars on the Reading and Southwestern Railroad, we were soon at our destination, where we were met by the steward, Mr. Gilbert, under-steward, Mr. Lees, and the directors of the poor, Messrs. Rolland and Seitzinger. After partaking of something invigorating (as the weather was exceedingly warm), and a little roll of tobacco, Dr. Rhoads, one of the attending physicians at the almshouse, stated the objects of inviting the society to visit the institution.

First. That the Board of Public Charities had ordered that each county should again take care of its own insane,

and although the old buildings had been condemned, and considered utterly unfit for human beings a few years ago, by the same board, they now ask that the buildings be repaired, and the county's insane returned.

Second. To inspect the site for the building of a pest house, or a hospital for the treatment of small-pox, and possibly other contagious diseases.

Third. To inspect the buildings of the Almshouse, and to give the views and suggestions of the members as to either proposition or plans.

The grounds of the farm consist of 580 acres of well-cultivated and well-watered land, situated two and a half miles from Reading, along the Lancaster road. The farm is finely located, the fields are most of them level, a few of them rolling, of the most productive land in Berks County. The fences are all in excellent condition.

The buildings consist of the Alms house proper, a three story building of gigantic proportions, which is divided between the male departments, male surgical ward, male medical, female ward for the sick, chapel, dining rooms, wash house and the kitchen, where there was then being prepared the evening meal for the inmates; kettles holding at least a barrel were being used to boil the material, etc.

The building has a number of bath rooms and closets. The drainage is into a large well. The sanitary conditions are excellent; not a particle of odor of any kind could be noticed anywhere, not even in the urinals or closets. The building is heated throughout with steam, and lighted by gasoline; the lights being fed by gravity. It is also provided with hose for attachment to the pipes at a moment's notice in case of fire; the water being stored in a large tank on the top of the building; so that the whole building could be covered with streams of water in a very few minutes. The water is carried up to the tank by hydraulic rams. The water supply is almost inexhaustible. Fire escapes are provided in abundance; so that even in the event of an incendiary fire, all could escape. The northern half of the building is used as the male department, the southern as the female. In the male de-

partment are found persons of nearly all descriptions, farmers, laborers, mechanics, artists and druggists. Some are still spending their time in applying their special talents. In the artist's room some paintings in all states were seen, from the rude sketch to the finished painting; showing that even in an almshouse a man can follow some occupation. In the wood-carver's room he was busy carving canes, etc., showing all grades of production from the root and twig to the completed cane. Some of the finished articles were of such a character as to meet the tastes of the most fastidious.

The hospital, or ward in which the sick are kept, is a large room capable of holding about thirty-five beds, well-lighted, heated and ventilated.

The female department in its arrangements is similar to the male, and is under the efficient care of Miss Winnings, a graduate nurse of the Reading Hospital. The wards are kept exceedingly free from dust, odor, and everything that could in any way impair the health of the inmates. An old lady who has passed her ninety-seventh birthday, who earlier had a desire to reach 100, is now passing her time lesiurely, wishing that the silent reaper might call her soon.

The dining room was next visited, where about 100 males and fifty females can be fed at one time. Twenty-seven loaves of bread, each weighing three pounds, are needed for one meal, besides meats, potatoes, etc. Skimmed milk is furnished to each inmate, ad. libitum, in the evening. At first the supply was not equal to the demand, but now about thirty gallons will suffice to allay the thirst of those 250 inmates.

The building in which the steward, officers and laborers reside, was then brought to our notice; which has its halls, reception rooms, and hallways with bed rooms on either side, which once had done service for hospital or ward work.

Some of the older physicians who have served the institution gave some reminiscences. One of them related that "whenever a new physician was elected to attend the inmates, a certain female would always about that time announce that she was pregnant, and at an early

time the new doctor was sent for, when, after being called a few times, he would learn that it was all a hoax, and the patient had the laugh on the new doctor.

"One of those attentive men happened to be called eight times before he could convince the inmate that all was right, and that she was not pregnant."

Dr. Ermentrout related that when he was the physician to the almshouse, he, with the aid of a tallow candle, performed the operation for strangulated hernia, without the use of antiseptics. Strange as it may seem to us under the present system of treating injuries and wounds, the patient got well. Whilst giving the patient all the chances there are at the present time, he would be pretty sure to die, or else the present teaching is overdrawn, and as our friend is always truthful we have no reason to doubt his results."

The Berks County Almshouse claims to have the history and record of the first and only successful case of lithotomy on record in the county, as well as the first hip joint amputation.

The old insane department, which, has not been in use for a number of years, is a two story brick building, used as a storage house since the building was condemned, as utterly unfit for the keeping of the unfortunate insane. The very same building that was condemned by the Board of Charities, is now to be repaired, as the same board has asked the directors of the poor to repair it, and take the insane poor back to the county again, instead of having them provided for by the county, and kept in state institutions. The rooms are small, low, poorly lighted, windows small, covered with iron bars or iron brackets, the doors are iron, with small trap doors with a bracket outside, where the inmates receive their food. The rooms are damp and the sanitary conditions unfit for human beings. Some of the rooms are dungeons; not a ray of light ever entering to cheer the mind, or to give one hope of ever enjoying the pure air and beautiful sunshine, which nature has so abundantly provided. Dr. Weidman mentioned as he pointed to one of those dismal rooms, where in 1864 a man who was insane, whose knees were drawn to his chin from the effects of

rheumatism, was literally covered with filth and vermin, his bedding and room with filth, fecal matter and vermin. How the man ever existed in such a state of affairs, no one can tell.

The society as a body was very strong in its denunciations of the building being used again as a breeding place for disease and filth. It is criminal to keep these unfortunates in such a place; but if the county's insane must come back, the directors should build a proper building, one that is at least humane in its character.

The location of the pest house was approved.

The wash-house, bake-house, creamery etc., were visited and all were found to be in first-class condition.

A committee consisting of Drs. C. W. Bachman, Israel Cleaver and F. W. Frankhauser was appointed, to present the views of the society to the Board of Directors, at their meeting.

The appointment of attending physicians is done by the Board of Directors, and is political in character. Dr. M. A. Rhoads, of Reading and Dr. C. Stamm, of Mohrsville are the present incumbents. The number of inmates at present is between 250 and 300.

After partaking of a chicken and waffle supper, with all the extras of the season, the society returned a vote of thanks, to mine host the steward, and all who assisted in making the visit a success.

Report of the committee appointed by the Berks County Medical Society.

To the Directors of the Poor of Berks County: The undersigned committee herewith respectfully conveys to you the sentiment of its members, relative to the following important matter, pertaining to the county almshouse and hospital.

On June 13th, 1893, the medical society in a body visited the institution under your care, and was afforded ample opportunity for inspecting its excellent disciplinary, sanitary and hospital interests, to all of which we bear the highest testimony of commendation.

We would, however, beg to state that should your duties be augmented by the return to our county of that unfortunate class of citizens now maintained in our state insane asylums, we would not con-

sider it in harmony with modern methods of treatment nor deem it in the line of economy to repair or remodel the old quarters formerly used for the insane. On the contrary we would strongly urge the erection of new and commodious buildings in keeping with present architectural advancement and constructed to accord with the most recent and approved methods adopted for the care and maintenance of these unfortunates. We should indeed regret the necessity which would compel you as Directors of the Poor, to return to the barbarous condition that existed years ago, should they be returned to your care without suitable and liberal preparation for the event.

C. W. Bachman,
Israel Cleaver, } Committee.
F. W. Frankhauser, }

F. W. FRANKHAUSER, M. D.
READING, PA.

The Medical Digest.

PERITONITIS.—Rhu (*Cleveland Med. Gaz.*) says that peritonitis has always a cause demanding diagnosis and treatment; that dangerous varieties are not always recognized: that tenderness is the best diagnostic: that the opium treatment is a fatal delusion: and that the surgeon must be called early.

RESORCIN A LOCAL ANESTHETIC.—*Resorcin* is highly praised by J. A. Patterson (*Med. Record*) as a local anesthetic, in pertussis and tubercular laryngitis being especially useful. Internally, it relieves flatulence and other symptoms of chronic gastro-intestinal catarrh, especially that of drunkards. Three grains are enough at a dose.

THIRST.—Goyard (*Dosim. Rev.*) treats thirst by giving a granule of brucine and one of quinine hydrofer. with a couple of mouthfuls of water, every five minutes. In the morning he advises a teaspoonful of seidlitz salt in a glass of water before breakfast.

PILES.—As so many pilebearers are business persons, who can not afford, or

who are impatient at, a week's restraint in bed, it is unfortunate that so much peril threatens the quick and easily performed and comparatively painless injection method.

It is pleasant to know that in many cases this peril can be averted. In this wise:

1. Anæsthesia by ether or A. C. E.
2. Abundant digital dilation of sphincter, which of itself is often a prolonged relief.

3. Bringing down the tumors.

4. Ligating those which have a suitably small pedicle and tying the ligature with a bowknot.

5. Injecting into each tumor, according to its size, six drops or so of this or a similar mixture: Carbolic acid one part; 8 per cent. solution of cocaine two parts; glycerine two parts.

6. Untying and removing the ligatures after a thorough admixture of the injection with, and coagulation of the blood in, the tumor, which may require from five to ten minutes.—Didama, *Jour. Am. Med. Assoc.*

EHRlich's TEST.—Tull Walsh (*Indian Med. Gaz.*) has applied this test in numerous cases of diseases other than typhoid fever, and finds the reaction not at all peculiar to that disease. It is, however, uniformly present during the first two weeks, and is even of some prognostic importance, as the depth of color corresponds to the severity of the attack and the height of the temperature.

CONTRACTED PREPUCE.—Moses (*Ind. Med. Gaz.*) examined an infant that suffered with spasms before urinating. The attacks appear to have resembled laryngismus stridulus. There was a long, tight prepuce, with a pin-hole orifice. This was slit up freely, and the fits ceased.

OZONE FOR DIPHTHERIA.—Haynes (*N. Y. Med. Jour.*) treated six very severe cases of diphtheria with iron solution, turpentine inhalations, free disinfection with Platt's chlorides, and a preparation of ozone.

CREOLIN ENEMA FOR SUMMER DIARRHEA.—Norin (*N. W. Lancet*) washes out the child's bowel with a warm alkaline solution and then with creolin, 3ss to ʒj, to a pint of sterilized warm water. The vomiting ceases at once, and food is retained by the stomach.

CURVED INCISIONS.—In the *Lancet*, Beale urges the use of curved, instead of straight incisions, for these reasons: They heal more rapidly, the flap alone being movable; the scar is smaller; the part underneath is better exposed; suturing the edges is easier; the cicatrix is not directly over the seat of operation; drainage may be better by a tube at the base; cutting through unhealthy skin may be avoided; and tension is avoided; He illustrates his idea by an S-shaped incision.

CHLOROBROM.—Ledingham's suggested remedy for seasickness was chlorobrom, not chloroform. We wrote it correctly; but the printer was obdurate, and in spite of corrections, insisted on making it chloroform. A surgeon on an Atlantic steamer writes to the *Lancet* quite favorably of the remedy. The dose is a table-spoonful, by the stomach, twice daily.

GELSEMIUM FOR CHOREA.—Gregory, in *Leonard's Journal*, says he has treated eighteen cases of chorea with gelsemium without a failure.

LIGATION OF VEINS FOR IMPOTENCE.—King (*Boston M. and S. Jour.*) attributes some cases of loss of sexual power to enlargement of the penile veins, especially those that do not pass under the pubic arch, and are not compressed by the erectors. Repeated engorgement enlarges these veins, and the blood escapes more rapidly; rendering sustained erection impossible. In an illustrative case, he ligated two of the veins, under cocaine, and severed them between the ligatures. In five minutes he had an erection: and that night had one so energetic that he had to apply cold water. Two months later he reported a complete cure.

CAFFEINE-CHLORAL.¹

CHLORAL possesses to a high degree the characteristic property of all aldehydes to combine with a variety of chemical substances, especially with those of a weak basic character, such as formamide, urea, cyanogen, etc., in which the physiological actions of the respective compounds are more or less modified. The therapeutical advantages of some of these combinations are admirably illustrated in the use of chloralamid, the compound of chloral with formamide, and it appears that a similar combination of chloral with caffeine may also prove a valuable remedy, in cases of constipation and in irritable conditions of the peripheric nervous system.

Caffeine-chloral has been recently employed with success in the Augusta Hospital, Berlin, by Prof. Dr. Ewald, who administered it subcutaneously, dissolved in water, in single doses of three to five grains up to six to fourteen grains pro die. The injections were generally unaccompanied by the slightest pain, although individual patients complained of a slight burning sensation at the point of injection, which continued for about three hours.

Thirteen cases of constipation were treated; thin stools passed within three hours of injection of three to six grains of caffeine-chloral, in eleven cases in which the constipation was of three to six days' duration. In one instance an ounce of castor oil had been administered the day before without effect, and copious irrigation had also been unsuccessful. Constipation appeared again in this case five days later, and six grains caffeine-chloral were administered at intervals of two hours without previous dosage with castor oil, with like success.

In one case of gastric ectasis, accompanied by severe paroxysms of pain in the neighborhood of the stomach, five grains caffeine-chloral were administered to combat the pain. The patient volunteered the information next morning that a thin stool passed a few hours after the

¹ Caffeine-chloral is manufactured by the "Chemische Fabrik auf Actien," formerly F. Schering, Berlin, and introduced to the medical profession of this country through their sole representatives in the United States, Messrs. Schering & Glatz, 55 Maiden Lane, New York.

injection, and since that time the stools have been well formed and regular. Only one of the thirteen cases of constipation withstood the remedy, and here irrigation had to be again resorted to.

Professor Dr. Ewald also administered caffeine-chloral in eight cases of rheumatic difficulties, and in seven cases the pain and swelling of the joints were mitigated by injections of three to six grains *pro die*. In all these cases previous treatment with sodium salicylate for periods varying from two to seventeen days had been without effect upon the course of the complaint.

A complete disappearance of pain is reported in one case of ischia after a few days' treatment with injections of three grains daily, and considerable improvement was noticed in a case of supposed rheumatic pains in the testicles and hip-joints. The injections also proved serviceable in reducing the pain after lead poisoning.

In two cases of emphysema accompanied by violent attacks of asthma, which resisted morphia, the rapid disappearance of complications after a single injection of three grains caffeine-chloral was remarkable. The asthmatic difficulties in a case of nephritis and myocarditis, were also diminished by injections, which further exerted a favorable influence on the chronic constipation.

As a result of his observations, Prof. Dr. Ewald is therefore in a position to state that the injections of caffeine-chloral have, besides a loosening action in cases of constipation, also a quieting and soothing influence upon the peripheric nervous system in irritable conditions. To what extent this action is due to the caffeine is at present doubtful, as experiments on animals have indicated that in the presence of the influence of chloral, the action of caffeine in less than toxic doses is almost completely masked. It is also a well known experience that in similar combinations of chloral with other bodies, such as urea and cyanogen, the specific action of the latter is almost completely annulled. Prof. Dr. Ewald therefore wisely refrains from expressing a definite opinion as to the specific action of caffeine-chloral until further experiments have been made; but in the meantime the favorable results recorded

should incite others to extend the experience with such a promising remedy.

INSTRUCTIONS FOR DISINFECTATION.¹

1. The object of disinfection is to kill the very small particles of living matter which are the cause of cholera, typhoid fever, diphtheria, scarlet fever, smallpox, measles, erysipelas, puerperal fever, cerebro-spinal fever, and other contagious or infectious diseases.

2. These little things are called micro-organisms, bacteria, germs, etc. Some of them are vegetable; some are probably of an animal nature. They are given off from the skin, and in the discharges from the mouth, nose, throat, lungs, bowels and kidneys of persons affected with the disease which they cause, and they are found in the clothing, bedding, and other articles which have been touched or soiled by the sick person, including cups, spoons, and other articles used in eating and drinking, in remnants of food or drink, as well as in the spittle and other excretions. They do not pass into the air until they are comparatively dry, so that they are in the form of dust, hence, it is very important that they should not be allowed to become dry before they are killed. Some of them grow and multiply outside the body in collections of dead animal and vegetable matter, hence the prompt removal of such collections—in other words, thorough cleanliness is one of the best means of preventing their growth. Most of them are soon killed by sunlight, hence the sunnier the rooms and yards the less likely they are to contain disease germs.

3. They may be killed by boiling in water for half an hour by chloride of lime and by carbolic acid, strong milk of lime, in other words strong white-wash, will kill those that cause cholera, typhoid fever, diarrheal diseases, etc., and next to boiling water is the cheapest and most generally useful disinfectant we have, but it must be freshly made and thoroughly applied

¹Approved and circulated by the Sanitary League of the District of Columbia.

4. For all articles of clothing and bedding, towels, napkins, etc., boiling for half an hour in water is the best means of disinfection. Such articles should not be allowed to become dry before they are boiled; they should be placed in vessels containing water so that they may be thoroughly wet before they are taken from the room of the sick person, and kept in soak until they have been boiled. If they are stained by discharges this soaking in cold water for twelve hours will prevent the fixing of the stains by boiling. So long as they are wet they cannot give off dust, and the only danger from them is the contamination of the hands of those who handle them and of the vessels and water in which they are placed. This danger may be avoided by adding carbolic acid to the water in which they are placed, five parts to 100.

5. For the disinfection of discharges from the bowels and bladder or of vomited matter use strong milk of lime or chloride of lime. Milk of lime is prepared by mixing an equal bulk of water and of quicklime. When the lime has taken up the water and settles as a powder, add three times as much water as was used at first. It may be kept in well-stoppered bottles or demijohns, and should be well shaken before using. Add to the discharges to be disinfected an equal quantity of this milk of lime, stir the mixture and let it stand at least one hour before emptying it into the closet or privy vault. It takes time to kill the germs.

Chloride of lime is good only when it is fresh and has a strong odor of chlorine. Four ounces of this to the gallon of water makes a good disinfecting solution, of which one quart should be added to each stool. Let it stand at least fifteen minutes before emptying.

6. For disinfecting the hands after handling soiled clothing, etc., use a five per cent. carbolic acid solution, and the same is used for rubbing articles of leather, wood, or metal work, which cannot be boiled. Contaminated soil, gutters, cesspools, etc., are best and most cheaply disinfected with the milk of lime—that is, with a strong whitewash that contains no glue.

7. Make your own disinfecting solu-

tions according to the rules above given. They are all simple and cheap. If you buy disinfecting solutions already made you will have to pay heavily for the water as well as the chemicals; you cannot be certain as to what you are getting—and you will certainly get nothing better or safer than lime, chloride of lime, and carbolic acid. The crude carbolic acid is best dissolved by a strong solution of soft potash soap, three pounds to one hundred of hot water. If it is to be used for disinfecting excreta, chamber vessels, etc., strong sulphuric acid should be added to it—five parts each of the crude carbolic acid and of the sulphuric acid to ninety-five parts of water. The mixture must be made gradually and not allowed to become too hot. Coppers, green vitriol or sulphate of iron is useless as a disinfectant.

8. Disinfectants are not a substitute for cleanliness and sunlight.—*Diet and Hyg. Gazette.*

COLOR-BLINDNESS.—An observation has been made to the effect that defective color-sense may possibly be a product of civilization, and that the use of tobacco may be a factor. Much inquiry into the degree of color-blindness in different tribes and nations, and the quantity of tobacco used by them would have to be made before this idea could be regarded as established. The statistics at present in evidence can scarcely be said to afford decisive proof. Color-blindness has been found to occur in about four per cent. of civilized European and American males, and among two-tenths per cent. of females. The Finlanders and Norwegians run up as high as five per cent., whilst the Dutch go down to 1.43. Amongst the Arabs and Berbers of Algeria Dr. Favre has found 2.6 per cent. of color-blindness, and some time ago Dr. Fox pronounced the American Indians afflicted to the extent of 1.81 per cent. A careful inquiry made by Messrs. Blade and Franklin, of the Kansas University, gives far more favorable results—only seven-tenths per cent. of the full-blooded Indians of the Haskell Institute at Lawrence being color-blind, the tribes being principally Pawnee, Cheyenne and Pottawatomie.—*Lancet.*

CYSTITIS.—Lavaux states that in tuberculosis of the bladder, examination of the urine reveals, besides Koch's bacillus, other micro-organisms, especially the bacterium coli. The treatment of these secondary vesical infections is of great importance and must be undertaken with great care. Sublimate has little effect, but nitrate of silver is very useful, if injected into the bladder in solutions of the strength of one or one and one-half parts in a thousand, the injections being repeated every two or three days. If the secondary infection has extended upwards internal treatment must be employed besides the local.—*Int. Klin. Rundschau.*

A JAPANESE SICK WITH SCARLET FEVER.—I have been introduced to a Japanese gentleman, aged twenty-three, living in Brooklyn, who is undergoing treatment by Dr. Benjamin Ayres for scarlet fever. As this is the first case of scarlet fever I have ever seen in a Japanese, I report it to you. To-day is the twenty-eighth of the disease. There has been no temperature during the last two weeks. Desquamation has been general for three weeks, mostly behind the knees and about the shoulders. He has now scaly desquamation on the palms and soles; noticed first by the patient on the backs of the hands. The throat showed very marked symptoms and is even now very distinctly red and inflamed. Highest temperature 103.1-2. No albuminuria. I content myself with this short sketch as, I think Dr. Ayres will make a more complete report.

I am the more interested in this case, as it is supposed that the Japanese have an immunity from scarlet fever. I have tried, without success several times, to inoculate Japanese subject with this disease, in the hope of producing a protective virus.

More recently I inoculated two children who had been exposed to the contagion of scarlet fever, with the blood serum from a blister on the body of a child who, having had scarlet fever previously, was artificially immune.

These children, whether protected or not, did not take the disease.

More recently still, I have inoculated two cases of scarlet fever, with pure blood

serum from a blister on the body of an adult who was also artificially immune. These inoculations were made in the arms, on the third, fourth and fifth days. In these latter cases there was no effect, if diminished desquamation is not to be considered as one, both cases ran a mild course.

It is my opinion, on which, having so little to go upon, I would not insist too strongly, that blood serum of even an artificially immune subject, has a virtue, if not curative at least preventive.—Ashmead, *Sei-i kwai.*

FOR GRANULATED LIDS.—

R	Argenti nitrat	3j
	Glycerini	3ij
	Aquæ	3j
M.	Sig.—Solution No 1.	
R	Potassii iodid	3ij
	Glycerini	3iv
	Aquæ	3ij
M.	Sig.—Solution No.2.	

A few drops of the first solution are to be mixed with twice as many of the second. This gives a creamy precipitate of argentic iodide, which is applied to the everted conjunctiva with a hair pencil. Corneal lesions are treated in the same way.—*R. C. Hodges.*

DYSPNEA OF PHTHISIS.—Beverly Robinson (*Med. Record*) recommends for this the tincture of *Silphium La iniatum*, or rosin weed: made by mixing one part of the fluid extract (root) with four of alcohol and two of water. This should be filtered. Dose, half to one teaspoonful, in a little water.

FOR DELIRIUM TREMENS.—

R	Antipyrin	3j
	Potassii bromid	3iss
	Syr. chloral	3j
	Aquæ menth	3iv
M. S	3ss every hour until asleep.	

—*Med. Press.*

ALBUMINURIA.—Germain See reaffirms the importance of albuminuria, differing with Dieulafoy. This symptom is rarely absent in nephritis, often precedes it, and if it disappears seldom fails to return. The symptoms described by Dieulafoy are not very important: but cedema and hypertension of the arteries are significant.

ENGLISH-ENGLISH AND AMERICAN-ENGLISH.—An English army officer, traveling in the northwest, remarked to some American acquaintances that he proposed to take a bath. The Americans looked somewhat surprised and inquired if he were ill, whereupon he sagely concluded that Americans never bathe unless they are ailing. In that section, however, the word bath is employed only in the sense of a remedial measure; as a foot-bath, mustard-bath, hot or cold pack, etc. A general ablution for the purpose of cleanliness is there known as "a wash," and this the Briton could have found out had he been a little more inquiring.

A similar instance has just occurred, anent an item published in this journal on socks. An English contemporary stated that the loofah was used for socks, because it could be washed. Hence, we concluded, the Englishman does not wash his socks ordinarily. We have received from the manager of the journal the following note, throwing light on the subject.

"Enclosed item is a trifle 'off' as we say on this side.

"The articles in question are not hosiery, but boot socks; and have hitherto been generally composed of leather, felt, cork or some similar substance. Hence the custom of washing the same is naturally not prevalent."

TYPHOID FEVER IN CHILDREN.—Dr. Earl (Arch. of Pediat.) gives the following as nutritious, aiding digestion, and a mild intestinal antiseptic:

R. Pepsin cordial 3i
Syr. hypophos. comp. 3iv
Acid. sulphur. arom. 3i
Aque menth. piper. q. s. ad 3ii

M. d. Sig.—One teaspoonful, well diluted, four times daily.

TREATMENT OF CROUP.—Dr. N. S. Davissay all the indications for treatment in croup, the mild or superficial form of the disease, can be filled by the administration of:

R. Syr. scillæ co 3iss
Syr. ipecacuan 3ix
Tr. op. camph. 3ij

M. Sig.—Half teaspoonful every three or four hours.

—*Med. Record.*

SUCCESSFUL AURAL TREATMENT.—"A doctor's life may not be a happy one in some respects, but there are some bright rays of sunshine in it," said one of the delegates, who desired his name arcanically sealed. "For instance, a doctor's wife doesn't go through her husband's pockets much after he has retired. When I first got married my dear wife had that habit, more in a spirit of curiosity than anything else. But she doesn't do it now. I put up a job on her. One night when I was up in the dissecting room slicing a new subject I cut off an ear of the corpse we were dissecting. I slipped the ear in my pants pocket and when I got home and went to bed I calmly waited for the sequel that would follow in the morning when my wife got up first and got to rummaging in the pockets of my trousers as they dropped listlessly over the back of a chair within easy reach. The bait took. I feigned slumber, but through my squinting eyes I could see her expression of horror as her fingers grasped the cold clammy auricular. Then came a piercing series of screams whose echoes could doubtless have been heard clear down at the Indiana state line. It cured her completely and she even shudders now at a recital of Mark Antony's plea to the Romans to 'Lend me your ears.' It was a ghastly remedy, but it proved an effective one."

FORMALIN.*

THE true aims of disinfection are the absolutely certain destruction of all pathogenic germs in the shortest possible time, with the least expense, with a minimum of injury to the articles to be disinfected, and without detriment to the health of the persons using the disinfectants. Steaming is certain if carried on for a long enough time. Unfortunately a great number of things are too large for such treatment, others are spoiled by it, and, further, costly apparatus is necessary.

Some disinfectants are too weak. Others communicate an odor to the articles on which they are used, and others attack most objects more or less vigorously. Among the antiseptics there

*NOTE.—Formalin emanates from the great laboratory of Schering, in Berlin.

are few capable of destroying all organic life within twenty-four hours. Eliminating osmic acid, only sublimate, and, under certain conditions, chlorine and bromine are left. The latter two are of little value, and against sublimate its enormous toxicity militates, as well as the fact that it is inactive with albuminoid substances.

In view of this manifest deficiency a research was directed to the discovery of a compound which should have a germicidal action similar to that of sublimate, without its toxicity, and which should be suitable for use in solution and as a gas.

Formaldehyde (HCOH) as known is a gas under normal conditions of temperature and pressure; it is readily soluble in water, and such a solution of 40 per cent. strength is put forward under the name of "Formalin." This liquid mixes in all proportions with water and any required dilution can be readily prepared.

At ordinary temperatures, Formalin gives off gaseous formic aldehyde and the evolution is accelerated by heat.

Berlioz and Frillat found that anthrax bacilli were killed by a dilution of 1 : 50,000, while Aronson stated that solutions of 1 : 20,000 prevented the development of typhus and anthrax bacilli as well as of *Staphylococcus pyogenes aureus*. Stahl's observations proved that after one hour's exposure to 1 per mille, or a quarter of an hour's exposure to $1\frac{1}{3}$ per mille, solution of Formalin, the most resistant forms of microorganism were destroyed. At the least, therefore, formalin is equal in germicidal power to sublimate, and superior where albuminoid solutions are concerned.

Experiments by Stahl with formalin vapor, with pure cultures of typhus, anthrax, cholera, etc., showed that 2.5 volume per cent. of formalin in the air destroyed all micro-organisms in a quarter-of-an hour. When allowed to evaporate in the presence of wool, gauze bandages, or other dressing material, the vapors condensed upon the fabrics in solid form (paraformalin), and so disinfected them. On evaporating again paraformalin was dissociated into formalin vapor, and exerted an antiseptic influence upon its

surroundings. Hence dressing materials treated with formalin are not only perfectly sterile, but can be immediately used as antiseptic dressing.

Stahl packed silk threads carrying anthrax spores in a large ball of unsterilised dressing wool, and exposed the whole to the vapors of formalin, spontaneously evolved from kaolin-blocks soaked in the germicide. After forty-eight hours the spores were destroyed. The kaolin-blocks soaked in formalin are brought out under the name "Formalith," and designed for placing in closed vessels with dressing materials, which by this means can be kept perfectly aseptic.

Other experiments were made to determine the microbicide power of the preparation when sprayed upon paper and textile fabrics, which, having been carefully sterilised, were inoculated with anthrax and garden-soil spores. After drying, the surfaces were sprayed with solutions of formalin of various strength. After definite periods pieces of the material were cut off with sterile instruments, washed with alcohol to remove formalin and placed upon agar agar.

The results showed that spraying with a 0.5 per cent. solution was sufficient to kill the spores in a quarter of an hour. Solutions of half this strength effected the same end in one hour.

Translating these results into practical figures, and basing the calculations on the observation that 8 ccm. of the $\frac{1}{2}$ per cent. solution was sufficient for one square metre surface, Stahl reckoned that for the disinfection of the walls, ceiling and floor of a room twenty-three feet square and thirteen feet high, not more than three pints of the solution, or about six drachms of the 40 per cent. formalin, would be required. As these figures assume that all the solution used falls on the walls, etc., somewhat more would be necessary in actual practice.

Silk, satin, plush, wool, linen, etc., were similarly treated, a 2 per cent. solution being employed and for a longer period. All the specimens were disinfected by half-an-hour's spraying. The excess of solution could be readily got rid of by "airing" the material, and scarcely any trace of odor remained. Further the colors of the papers and

materials, treated with the disinfectant, were entirely unaffected.

Turning to the consideration of the physiological properties of formalin, it stands recorded by Aronson, Berlioz and Frillat, that formic aldehyde is relatively non-poisonous. The manufacturers of formalin also noted that men, working day after day in an atmosphere loaded with the vapors, felt perfectly well, and when they had accustomed themselves to the peculiar penetrating odor of the aldehyde, did not experience any discomfort in their work.

When brought into contact with the animal skin, undiluted formalin exerts a kind of tanning effect, making it impermeable, and finally brings about its necrosis. This action depends upon the property of formalin of very readily penetrating living and dead animal tissue and forming with it a sort of combination. The tissue is destroyed without suppuration or formation of a sore.

A small area on the forearm was left in contact with paraformalin for two days; the skin became hard and insensitive, and after a few days a thick horny crust gradually separated, leaving a deep scar.

The application of this action of formalin to surgery is obvious; probably the preparation would be useful as an external application against lupus, cancer, or in very dilute solution (up to $\frac{1}{2}$ per cent.) for the irrigation of cavities. Similarly formalin might prove of value for the removal of diseased growths on the epidermis or the mucous membrane. The *modus procedendi* might be either the arrest of development of such growths by painting the roots or pedicels with formalin or the gradual destruction of the excrescence itself by the repeated application of the preparation.

Summing up the results of all these experiments, the properties of formalin may be expressed as follows:—

1. It has an extraordinarily active microbicide power similar to that of sublimate.
2. It is comparatively non-poisonous.
3. It attacks only the substance of the contagious material, leaving intact the articles treated, whether of organic or inorganic nature.
4. It is very readily employed under

all circumstances either as liquid or in gaseous form.

It is a marked advantage of the vapor of formalin that its specific gravity closely approximates to that of the air, so that there is no difficulty in keeping the atmosphere of an enclosed space uniformly impregnated with formalin vapor.

—*The London Therapist*.

BACILLI IN BUTTER.—Oleomargarine has the advantage of butter in the matter of freedom from bacteria, averaging only a third of the number found in butter. In oleomargarine the minimum number found is 750,000 to the drachm, while in butter the smallest number seen is fully 2,000,000. The *Lancet*, which makes these statements, farther says that it is tolerably certain that the number of organisms swallowed with a good piece of bread and butter may exceed that of the entire human population of Europe. Butter which has been kept for a time in a refrigerating box or specimens which have been freely sprinkled with salt show a decidedly smaller number.

HERE'S ENTERPRISE.—The *Chem. and Drug.* describes the ingenious idea of a pharmacist in a town near Paris, for extending his trade by enlisting the services of the medical profession. He has issued a circular which relates the enormous cost of advertising his special product and showing that his income therefrom is not satisfactorily large. He therefore wishes to enlist the practitioners of medicine in a little scheme whereby they shall prescribe his product, and for each prescription be given a chance in a lottery where ten money prizes are arranged from 50,000 francs to 5,000.

RELIEF FOR TOOTHACHE.—Melt white wax of spermaceti, two parts, and when melted, add carbolic acid crystals, one part, and chloral hydrate crystals two parts: stir well until dissolved. While still liquid, immerse thin layers of carbolized absorbent cotton wool and allow them to dry. When required for use a small piece may be snipped off and slightly warmed, when it can be inserted into the hollow tooth, where it will solidify. The ease produced by this simple method is really very great.

THE YELLOW COLOR OF SANTONIN is due to a resinous substance which has been named Xanthopsin, which is also credited with causing all the dangerous symptoms sometimes seen to follow the administration of santonin.

—
MASSAGE IN THE TREATMENT OF SPRAINS.—The manipulations which we principally use in injuries in the neighborhood of joints are friction and stroking, with a certain amount of kneading. Bear in mind that the object of this friction is to break up adhesions and dissipate exudations. Adhesions begin to form very early about injured joints. Search carefully for isolated indurations and nodules and give them especial attention, not resting satisfied until you have obtained their complete removal. The combined friction and stroking, performed with the two hands, of which I have before spoken, is a most useful procedure for this purpose.

The treatment is properly begun at a distance from the joint, and on the proximal side—that nearest the body—and this for two reasons: First, in order to prepare the absorbents and lymphatics to receive the exudates which we are about to remove from the injured parts, and, secondly, to gradually accustom the sensitive tissues to pressure. It is possible that at the first sitting it will not be practicable to treat the injured part directly at all. It may be necessary at first to confine our efforts entirely to what the Germans call preliminary massage, which will prepare the way for the direct treatment.

If, for instance, we are treating a sprained ankle, we begin above the knee, and, encircling as much of the thigh as possible, with the full hands, stroke upward to the pelvis. Then we start at the middle of the thigh and knead the muscles, working slowly upward to the pelvis. Next we subject the lower half of the thigh to the same process, still working from below up. This is again followed by upward stroking, considerably firmer pressure being made than at the first time. The result of this will be that the muscular capillaries and the absorbents of this large amount of highly vascular tissue will have been stimulated to increased activity, and its capacity for

receiving blood augmented. Coincident with this we may be already able to observe that the tissues about the ankle are becoming less tense and swollen.

The point is then found nearest to the seat of injury at which pressure can be borne without serious pain. Stroking is started from this point and carried up to the knee. The upper third of the leg, including the belly of the gastrocnemius is then kneaded and the stroking repeated somewhat more vigorously. It may be wise to stop at this point for the day. A flannel or pure rubber bandage should then be very carefully applied and the patient instructed to keep the foot elevated. It may be, however, that the sensitiveness will already have been so much diminished that the patient will bear gentle friction, with the thumb or the fingers about the periphery of the inflamed area. If so, this may be practised with one hand while the other performs upward stroking from the same locality.

Fifteen minutes is sufficiently long for each seance, and it is often well to give two each day. By thus carefully observing and taking advantage of the diminishing area of sensitiveness, we shall soon find that pressure can be tolerated over the entire injured region. The routine will be the same each day.

About the third or fourth day movements of the foot may be begun. At first, entirely passive, later on, acto-passive, the patient making the motion while the operator resists. The movements will consist of flexion, extension and rotation. These will, of course, produce pain at first, but the patient must be encouraged to endure this as much as possible by holding out the hope of speedier recovery.

Douching with hot and cold water alternately is a valuable adjunct in restoring tone to the relaxed vessels.

It is not too much to say that the mode of treatment above detailed diminishes the time required as compared with that of fixation, in the ratio of days to weeks, and that the ankyloses and contractions so often following the latter are almost entirely avoided.

If the sprain is a severe one, it will be well to put the patient on crutches for a few days, but he should be encouraged to begin to bear a portion of his weight on the joint as early as possible. A firm,

elastic bandage, evenly applied, and, later on, a woven elastic anklet, will aid materially in preventing swelling and congestion.

BENJAMIN LEE,
In The Polyclinic.

NEW REMEDIES.

Somatose, placed upon the market by Bayer & Co., contains eighty-four to eighty-six per cent. of albumoses and only traces of peptone, and has none of the bitter taste and disagreeable odor of the latter.

Agathin is a new remedy used for about the same purposes as salol, the dose being at a maximum $7\frac{1}{2}$ grains three times a day. There are some unfavorable reports concerning it, and its true value does not seem well established.

Uricidin has gained some little notoriety during the few months past from the claim of its originator that it is a valuable uric acid solvent. Goldman finds this wonderful remedy to be a mixture of thirty parts sulphate of sodium, ten parts carbonate of sodium and sixty parts citrate of sodium.

Piperazin is incompatible with iron salts, alkaloids, tannin, alum, silver nitrate, spirits of nitrous ether, Donovan's solution, etc. It is very soluble and hygroscopic and cannot be dispensed in powder, neither must it be too strongly compressed if made into tablets.

Dermatol Gauze, is made by Gay by dissolving one ounce of vaseline and one and one-half drams of elemi in a mixture of thirty ounces benzin and twenty ounces of ether. Three and one-half ounces of this solution is added to seventy grains of dermatol in a porcelain dish, and when well mixed a yard of muslin is soaked in the mixture and afterwards dried.

Phenosalyl is a new antiseptic produced by heating together at 140° C. molecular proportions of carbolic, salicylic and lactic acids, and when cold adding a mixture of menthol and eucalyptol with twenty-five per cent. of glycerine. It is a more powerful bactericide than carbolic acid, but not nearly so poisonous. The specific gravity is 1.409, and it is soluble in water to the extent of seven per cent.

Chloralose consists of a combination of anhydrous chloral and glucose, crystallizes in fine needles, is but slightly soluble, and of extremely bitter taste. The medium dose is twenty centigrams, and it is employed with success in cases of insomnia, etc. It is usually administered in cachets, but an excellent liquid combination is 0.3 gram dissolved in a mixture of fifty grams each of water and syrup of mint. This potion should be freshly prepared each night, the water being heated.

Escorcin is a substance used to detect and diagnose diseases of the cornea. It is derived from esculetin, and one drop of a ten to twenty per cent. solution produces in the healthy eye a reddish coloration at once which disappears with the aid of a little water. But if the cornea is affected the solution will give it a more or less red color, which will persist for twenty minutes or so.

—*Pharm. Era.*

News and Miscellany.

CHLOROFORM is an efficient hemostatic.

ENGLAND has licensed 145 medical women.

EVERY tenth adult in Paris is said to be a morphine habitué.

FRENCH medical schools have 229 female students; while English schools boast of but 150.

THE Bureau of Education has issued Circular No. 1, 1893, on "Shorthand Instruction and Practice," by Julius Ensign Rockwell.

PARKE, DAVIS & Co. issue two small pamphlets. One is on "Biological Therapeutics," containing a clinic from the *Lancet* by Hector Mackenzie, and other material selected from current literature. The other is an "Acometric Syllabus," an outline of the uses of this firm's diurnules, modeled after the Outlines of Treatment by Dosimetric Granules. The syllabus is by J. V. Beclaere, M. D., of Detroit.

The Times and Register.

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BOODLER INSANE ASYLUMS.

By S. V. CLEVENGER, M.D.

[Superintendent of the Illinois Eastern Hospital for the Insane]

SINCE the concrete is generally better understood than the abstract, it must be my apology for this autobiographical narration.

In 1870, I was a deputy United States surveyor, and published a "Treatise on Government Surveying, with Mathematical, Astronomical and Practical Instructions for the use of Students and United States Surveyors in the Field," (D. Van Nostrand, N. Y., publisher). The book is still standard. Soon after its issue, I aspired to a higher grade of work, and visited friends in Washington, D. C.; among whom were Admiral Davis, in charge of the United States Naval Observatory, Prof. Hilgard of the United States Coast Survey, and others connected with the geodetic, hydrographic and meteorological departments; General Alfred Meyer being chief signal officer.

I came to Washington loaded with evidence against the management of the Land and Indian departments in the

West, and in my simplicity supposed that all I had to do was to explain to Columbus Delano, Secretary of the Interior, whom I had previously known, and also explain to the appropriate United States Senate and House Committees, how rascally things were, and reform would instantly result. The surveyors general in the territories were usually hangers-on of Senators, who were under obligations to them for more or less dirty political work. These surveyors general were ignorant of nearly everything but political intrigue, and charged the studious, hard working engineers of the survey department, from twenty to sixty-five per cent. for government surveying contracts, or employed persons who knew nothing of civil engineering, and who were willing to pay the price. These latter often cleared the difference by making up false field notes, without even a visit to the region to be surveyed.

With a foolish idea that study, hard work, and unswerving honesty would win in the end, often with skimp profit, and sometimes at a serious loss, I did my field work in such a way as to earn a good reputation, and the enmity of the rascals who "fudged," as surveyors call falsifying surveys.

Incidentally, through living and working in Indian countries, and sometimes surveying their reservations, I learned much of the Indian Agency methods, which consisted in the agents robbing the Indians of their annuities, trapping them into treaties to be broken, swapping rot-gut whiskey for valuable buffalo robes, and sometimes, under the guise of mission work, demoralizing and robbing both them and the United States Treasury.

When one faction of a political party was ousted, "reform" meant merely the substitution of a new set of thieves for the former set, and whosoever protested against this was either deceived into becoming a tool or was laughed at, and if his courage outran his wisdom, he was silenced by some means. One of the easiest methods was to employ an Indian to murder the "fool," by prejudicing the red skin, and protecting him in case of detection. It was easy enough to manufacture evidence, if necessary, that the "gabby kicker" was in the wrong, had done something to warrant the noble red man in his revenge, but in most cases it was a simple disappearance, and tallied well with the peculiar habits of the reformer, whom few understood, and all feared.

The Minnesota massacre, during our Civil War, was brought on by men I well knew, who swindled the Indians to the point of starvation, and the brutalities of the latter destroyed all sympathy for them among the Eastern readers of Fenimore Cooper, whose novels gave such false ideas of the Indian character.

Secretary Delano, Jerry Rusk, who was then a Wisconsin representative from the La Crosse district, afterwards Secretary of Agriculture, Senators Oglesby, Carpenter, Morton and other politicians, received me kindly, and the first-named feasted me at Wormsley's until he fully understood my aims and ideas. I boarded at the Ebbitt House with Rusk and his son; the latter had been my partner in some surveys, in which I did the work and allowed him half the proceeds, as he knew nothing of surveying and cared less for it.

At Secretary Delano's suggestion, I applied for a fifty thousand dollar contract to survey the south boundary of Utah, and remained in Washington to

"get acquainted with the senators who could influence the disposal of the contract." Wild were the projects I formed, of building grand monuments of masonry along the boundary line, and doing such creditable astronomical and geographical work that engineers would visit and study it. I calculated that it would cost me about thirty thousand dollars, and take two or three years' labor. Meanwhile, I confided to Admiral Davis and Prof. Hilgard my boyish hopes, and was disheartened when they shook their heads and advised me to "drop it." The latter said, "If you will go home I promise to give you a base line to measure at which you can get an engineer's salary, and it will become part of the triangulatory system between the oceans; it will take a year or two before you can have it. If you stay in Washington your "political friends" who are pledged to your ideas, will rob you of your papers, put you in the wrong, and sell out to the senators, who are even now secretly laughing at you." This sobered me, and I was not long in sounding the senators, and ascertained that if I dropped my reform ideas and gave them sixty per cent. of the boundary appropriation, they didn't care whether I did the work or not. It could easily be reported that Indians destroyed it. The forty per cent. left me no room to do decent work, so I went back West and began studying medicine at Fort Sully, Dakota, under army surgeons, thankful that I had at last drifted into a profession that politics could not corrupt. Soon after this I heard that poor Prof. Hilgard had paid the penalty of a scientist associating with politicians, and had been arrested and finally dismissed from the Coast Survey service for dishonesty, and soon afterwards had died. To this day, I do not know whether the charges were trumped up against him, or were genuine; but, knowing what I do of him, I incline to think that he was the victim of a plot; however, Diogenes would have easily lost his tub, lantern and reputation, among politicians.

After graduating from the Chicago Medical College, in 1879, I devoted myself more particularly to the physiology and pathology of the mind, and secured the recommendation of medical men for the position of pathologist at the Cook

County Insane Asylum. The first half year of my stay in that place I learned but little of its true inwardness; but began to learn rapidly thereafter, and finally ferreted out the causes of the damnabilities, which, to make a long story short are these:

The "people" vote for one or the other of two or three sets of machine made candidates. For instance, Mike McDonald, who kept a gambling hell and saloon, (if not worse), was the boss of Chicago politics, both Republican and Democratic. He selected those who were to be nominated for all offices, and they were voted for by the citizens. The Republicans would find that their candidates were saloon keepers, jail-birds, gamblers, and in some instances, murderers; but, of course, they must be all right because they were on "our ticket," and would tell the Democrats that they had nothing to boast of with their slate, for their men were as bad, which was probably the case; but, as they were Democrats, that settled things, and secured the certainty of Mike's Republican thief or his Democratic thief getting into office. Many of these were County Commissioners, who controlled the Insane Asylum, as well as other county funds and places.

Imagine whom a set of rascals, no matter what they called themselves politically, would select for the business places. When I was at the Asylum, some of the commissioners were John Hannigan, who kept a small saloon in Chicago, Mike Wasserman, the owner of a horrible den under the Brevoort House in that city, Dan Wren, who has recently been jailed for forging mortgages and notes, and who previously had an infamous reputation, Buck McCarthy, who was the drunken terror of the stock yard saloons, Mike McCarthy, a stevedore, and so on; mixed Republicans and Democrats, and is it amazing that while the patients were starved, neglected, beaten, murdered, the commissioners often, danced and drank, all night in the Asylum and Poor House amusement halls with strumpets, burglars and pick-pockets?

One illustration, alone, emphasizes the character of the management. A policeman named Peter Kelly was shot by a

burglar in Chicago, and lost his mind; the burglar was accidentally sentenced, but the accident was atoned for by "Mike" having him appointed as an attendant after he served out his time in the penitentiary, and actually this burglar attendant was placed in charge of the ward in which was Peter Kelly, his victim. But that is no worse than the general fact that saloon keepers are responsible for the enormous proportion of crime and insanity, and are elected to offices that enable them to chase their victims to the grave.

Finally, I had my plans arranged for a grand exposure. I would appeal to the people direct, through newspapers, clubs, philanthropic, scientific and medical organizations, and of course reform would follow.

My first appeal to the citizens brought me a would-be assassin's bullet through my window at the Asylum, and the man who shot at me was a fellow I had nursed through typhoid fever. Next I was amazed to find that only a few newspapers printed what I sent them, and even they cut out all the main points, and only left what would serve their political ends. By dint of extraordinary effort I managed to get a column or two into some of the papers, but the effects were destroyed by vigorous personal attacks against me in the same, or next day's issue; and, finally, only garbled communications of mine would be published, but nine out of ten of my letters were suppressed altogether. I resorted to pamphlets and put them in the post office myself, but they were not delivered. The Citizens' Association agreed to co-operate with me and the Chicago Medical Society, and it transpired that what papers I entrusted to them were read and copied in Mike's den before the meetings, and exposures were scoffed at as mere "place hunter's stuff."

At last the fuss secured some little support, and the State Board of Charities met to hear what I had to say. I had to bring my own witnesses, and the "boodlers" had all the machinery of the state and county at command. The county attorney defended them, and the reverend secretary of the board as well as the president and other members did what they could to impede the "investigation;"

but evidence began to swarm in with such rapidity the board adjourned in fright. At last a few politicians saw a chance to win promotions for themselves, and instituted the famous boodler trial, in which the boodlers poured out about a million dollars, against the forty or fifty thousand dollars opposed to them, resulting in about one boodler out of a hundred being sentenced, nearly all of whom served out their time, and returned to Chicago with honor and money enough to start the famous "Boodler Row" on Clark street.

Even as I write, the Cook County Insane Asylum is as badly managed as ever, and for the very simple reason that politicians control the funds and places.

No sane citizen would go into a gambling resort and hand his pocket-book to the proprietor of the place for safe keeping, yet a million citizens will place their taxes in such hands and wonder that they should be misappropriated:

As far as the reason for the defeat of any well intentioned effort is concerned, it is exceedingly simple. Few are courageous or fool-hardy enough to make such effect, the majority have no ideal, no principle, in life; care for nothing beyond filling their stomachs and covering their backs, and many regret their lack of opportunity to get in with some boodling gang.

It is not a very encouraging thing to appeal to such intellects, but, nevertheless, we have, in America, a saving clause of a minority, who can, and do, think for themselves, who have principle, and who can influence the dolts into a recognition that their best interests lie in patriotism and honesty. When monopoly and politics, in myriad guises, stamp the life out of them; rob, freeze and murder them, and the aforesaid dolts begin to see through their tendency to the condition of the Russian peasant, who has no ambition, no brains, to fight oppressors, even such dolts may be induced to turn and rend their enemies.

The old Cook County boodlers were defeated and a new set of boodlers took their places under the same old manager.

The Australian ballot did them a trifling damage, but burglars keep pace with the lock-makers, and the primary

election laws ensure jobs for criminals, as of old.

For about eight years I confined myself to my office and hospital practice, and had I consulted my best personal interests, I would not have accepted my present position as superintendent of one of the largest hospitals for insane in the world. The Kankakee institution has 2000 patients and 300 employes upon 840 acres of ground, forty acres of which are covered with buildings.

I have known the place since its first building was erected, fourteen years ago, and Dr. Dewey the former superintendent was my personal friend. He proved himself a good organizer, and he won for the place a most excellent reputation. When the position was offered to me, I promptly refused to be a party to displacing Dr. Dewey, and only when he had resigned, and the appointment was open to any one, would I consider the offer at all.

During March last, I studied the system and environment of the enormous place, in a general way, making dips into details, here and there, and everything seemed to be about perfect, but remembering my experience at the Cook County Asylum, I suspended judgment, and in April, when I took charge, began to ascertain the real character of the place.

In studying a special subject, light breaks in here and there upon the intricacies, until eventually the whole matter may be illuminated in all its recesses. So it was with my observations in the hospital. In March I felt that everywhere thereabout the most candid support for advancing the science of insanity treatment would be afforded me, and that honesty, kindness to the patients, obedience on the part of the employes existed through out. During Governor Altgeld's campaign he had denounced the olden management of the hospital mercilessly, and I felt sorry that he should have been so mistaken, and hoped to be able to convince him that he was in error, but in April and May, the entire rottenness of almost all departments of the enormous humbug lay bare before me.

Little things happened occasionally, of no apparent value when isolated, but

just as the engine, to the trained eye and ear of the one who manages it, gives forth little sights and sounds that are meaningless to the public, just so I recognized the familiar indications of asylum wrongdoing, that I remembered, all too well, from my sojourn in that Cook County hell.

My suspicions were aroused, and watchfulness brought proof that the suspicions were justified. I had determined to make the place a civil service institution, and to that end had discharged no one, until, in April, an attendant was corrected for beating a patient.

Gradually I got behind the scenes and found among the *dramatis personæ* of the play, a gentleman who performed religious antics, and who was a small boodler as well as a cruel hypocrite, who allowed attendants to dose patients, at their sweet will, on poisonous drugs, that kept the noisy madmen quiet, but ruined their stomachs, and cut off their chances for final recovery. The restraint apparatus was ostentatiously only used through a large amount of red tape and parade. It is better to have one's hands tied than to be poisoned; but the latter is more genteel and "pious."

Another was a lecherous rascal who made free with female attendants, and about him was grouped much quiet scandal. Another brainy scoundrel was the main boodler tool and covered up the tracks of the big thieves.

Old account books were stolen, and new ones fabricated, and all records were confused, and in no instance could a sure investigation be made in any direction without running up against a stone wall of excuses, pretexts, etc.

Butterine was issued and charged as butter, and the patients in most cases received about what would cover your thumb nail for a day's ration. A pound of tea sufficed for 100 patients. In one cup this would have made one one-hundredth of a pound, of inferior grade, to the person, but four and five cups of hot water diluted this hundredth of a pound; the secret being that where so much water covered so little tea, the much tea that was stolen could not be traced. At times when trustees or some official, such as myself, started on a

round of inspection, there was a superabundance of good food, but when I took to appearing unexpectedly, the food was bad, poorly cooked and scanty. But I reserve fuller details for a later paper, as this is already too long.

Suffice it that \$60,000 worth of coal is burned here annually at between \$2 and \$3 per ton, making \$25 per year for each patient and employe, and the patients often suffer bitterly from cold in winter, owing, as the excuse goes, to "pipes not being properly covered." A family of six can live in a city on the same quantity of coal alleged as used here for one person, though institutions are supposed to economize through the many enjoying, at less expense, what is used for the few, elsewhere.

About \$350,000 per annum is "used" here to more or less advantage, *by somebody*, and when I prowled and hunted and investigated, and was up night after night, baffled by intrigues, but finding out rottenness everywhere and incessantly, I foolishly overstepped the requirements of health and was prostrated, to the intense delight of the boodlers, who conspired with some of the more recently employed and corrupted, to make it appear that I was insane. This libel was telegraphed and published widely in boodle newspapers, and many of my friends were deceived by the report.

It was a fight to the finish, with a few trusty adherents, who, not having all my information at hand, could not understand either the plans of the enemy, or my object in making certain moves. I discharged several conspirators, but bearing the advice of the author of 'Zadig' in mind, that it was "better to allow ten dishonest men to escape than to risk injury to one honest man," I discharged no one without convincing proof, so there are many rascals remaining, who will be ousted soon, upon my return from the vacation my broken down condition necessitated; but worst of all, some of the very persons I had reason to rely upon (but never did), to assist me in wresting this hospital from politics and boodlers, generally, are the least to be trusted. As I fully expected, and prepared for, a new gang of political knaves has formed and been black-mailed into fusion with the old gang. Both shall be

crushed, whether I remain at the head of the hospital or not, and in my next I propose to give names, dates, letters and details, in full.

INFLUENZA.

By HERMAN D. MARCUS, M. D.

[Resident Physician Philadelphia Hospital.]

INFLUENZA is an infectious disease, which, appearing epidemically, may, in a very short time, affect countries separated from each other by thousands of miles. This fact is probably due to the miasmatic poison causing this disease, which carried by air currents may be propagated rapidly from one place to another. Climate seems to have no influence on influenza, and no hygienic or sanitary precautions can prevent the appearance of this disease in any locality. Age, sex or social conditions are also no preventive against its influence, and during an epidemic we find that nearly all are equally liable to experience an attack of influenza.

The duration of an epidemic lasts in any locality from one to three months, and during such a time the greater part of the population becomes more or less affected.

The symptoms of influenza are those of an acute catarrhal fever.

The patient becomes rapidly exhausted and debilitated, the temperature rises to 101° – 102° and remains at that point for some four to five days, and although the patient may prespire still no relief follows.

Catarrhal inflammation of eyes and nose, and bronchial cough becomes prominent, or we may find catarrh of the gastro-intestinal tract causing diarrhoea.

Neuralgia or myalgic pains in chest or extremities, or headache, are quite frequent. The patient becomes very quickly depressed, in fact more than the severity of the disease would warrant. The prognosis is as to recovery from the disease itself good. Nearly the whole respiratory tract may become affected and this combined with the fever makes undoubtedly the appearance of this disease an object of dread and fear.

Influenza, although not fatal in itself, is so apt to be complicated with such a

number of diseases, that the result of an attack may be more far-reaching than the attack itself would warrant.

The organs which are probably most easily influenced by the presence of influenza, are undoubtedly the lungs.

There is no pulmonary affection which cannot be produced by an attack of la grippe, and the results from the sequelæ of this disease when affecting the lungs are those to be most dreaded.

Chronic and capillary bronchitis, croupous and catarrhal pneumonia, pleurisy, emphysema, gangrene of the lungs, and last but not least, phthisis, are all pulmonary diseases which have quite frequently been observed as sequelæ.

Heart lesions and nervous disturbances may be greatly increased by influenza, while nephritis, though a rarer sequel, has quite frequently been observed to follow close upon the footsteps of influenza.

The treatment of this disease is purely symptomatic and supporting. The attacks are self-limited extending rarely over two weeks, the more acute symptoms lasting from three to ten days. At the outset quinine or any other reliable antipyretic may be given, combined with about fifteen to twenty grains of Dover's powder at night. The headache is most easily controlled by phenacetine in five grain doses, or some bromide mixture.

When the attack becomes more severe or when serious complications arise we must then give such remedies as will most quickly check its progress. For the coryza, following prescription will be found nearly curative:

R Pulv. camphoræ gr. xxx
Bismuthi subnitratis gr. xx
Amyli q. s. ad. \mathfrak{z} i
M. Snuff or insufflate into nostrils.

The cough will probably next demand our attention, and for it we may employ the chloride or carbonate of ammonium, inhalations of the compound tincture of benzoin (\mathfrak{z} i to the pint of hot water).

The heart may need stimulation and such drugs as caffeine, strychnine or digitalis will be found very efficacious.

The marked tendency to pulmonary sequelæ may next demand attention.

Cough is especially apt to remain an unpleasant symptom to la grippe.

For the treatment of this condition I have found yerba santa very beneficial.

Eriodyction (yerba santa) is a preparation of the leaves of the eriodyction glutinosum, and is an excellent expectorant.

The Maltine Manufacturing Co. has a preparation on the market called Malto-Yerbine, which combines the tonic effect of maltine with yerba santa.

I have found this preparation of especial benefit in the bronchial cough which so often follows la grippe.

In malto-yerbine we find a remedy which very quickly controls the cough, besides acting as a tonic, helping the patient to quickly regain his strength. Only too often does the physician lose sight of his patient after he is able to be about, and then such a symptom as a persevering cough is neglected.

When the patient is fully convalescent from influenza he is anything but well. There is always more or less some pulmonary lesion prevalent and if neglected may reach a stage when such symptoms occur, which only too plainly indicate the presence of some chronic disease of the lungs.

Very often pneumonia, which undoubtedly has been caused by influenza, takes the place of the lesser disease. Such pneumonias are of greater fatality than those caused by ordinary "colds."

Often during the second or third week of the disease a sudden rise of temperature to 103° or 104° is noticed and respirations become hurried (thirty-five to forty-five). This probably will in most cases be the first indication of a beginning pneumonia. In such cases immediate action is indicated and the patient should be carefully watched.

The danger of phthisis as a sequelæ to la grippe is a great deal larger than expected. In patients who can trace phthisis to some member of their family the danger of influenza causing the beginning of consumption becomes markedly increased and there is no doubt that about sixty per cent. of such cases lately developed can trace the beginning of their tubercular lesion to an attack of influenza.

In conclusion I wish to allude to the proper dietary and hygienic precautions to be taken. The diet must be highly

nutritious and preferably liquid. Milk should be given frequently and in large quantities.

Alcoholic stimulants should not be employed in the early stages of this disease, and only then when collapse may be feared. The patient should be confined to bed and the room have the uniform temperature of about 75°, and be well aired. By observing this last rule, relapses, complications or sequelæ will, in all probability, be prevented and our patient will soon be able to return to his work.

The treatment of convalescents should be tonic and nutritive, and as said above, even the most insignificant cough must not be neglected.

A FEW POINTS RELATING TO THE NEW-BORN IN THE LYING-IN-ROOM.

By F. S. PARSONS, M. D.,

[Formerly Professor of Diseases of Children in the College
Physicians and Surgeons, Boston, Mass.]

In commencing I will infer that the baby has breathed, and the umbilical cord has been ligatured and separated.

Some infants are born "clean," others with a white sebaceous substance consisting of epithelial cells, fatty matter and other detritus, which serves as a protection to the sudden change of temperature the child has experienced. While this latter might be of advantage were the baby not to have an artificial covering, the untidy appearance of the child covered with sebaceous matter necessitates its removal. To do this the child must first be anointed with some oily substance to dissolve the sebaceous matter, which is insoluble in soap and water. Hog's lard is as good as anything, and generally at hand.

These points having first been observed, the baby should be placed in a warm soft flannel blanket to await its bath, which should be given in the following manner: A tub of water, sufficiently large to immerse the infant to its neck, of the temperature equal to that from which the little one has just come, (or about 99° F.,) is prepared; the child is then plunged in to its neck and gently rubbed with a soft cloth underneath the

surface of the water. If soap is also used, only the best castile is warranted. On removing the baby from the water, it is wrapped in a dry blanket and again gently, but thoroughly rubbed, with the hand on the outside of the blanket.

Dress the umbilical stump with dry antiseptic absorbent cotton, and secure it to the abdomen by a strip of surgeon's adhesive plaster, about one inch wide, in place of a binder. Keep this dressing on until the cord separates when the plaster can be easily removed by the aid of a little warm water.

No binder should ever be worn by a healthy infant on account of the liability to weaken the internal inguinal rings and produce hernia. The baby should be dressed warmly, evenly, and loosely, with soft, non-irritating material next the skin. The usual method of dressing infants with so much tight binding and winding is as unwise as it is unscientific.

In an hour or two after birth the infant may be placed upon the breast, the colostrum thus obtained acts beneficially upon the bowels of the little one and avoids the necessity of resorting to laxatives.

At this stage it is well to ascertain if the infant's power to suckle is well established. This can be done by placing one's little finger against the baby's tongue. If the act is accomplished poorly, look for a contraction of the *frænum linguæ*, or so called "tongue-tie," which, if present, should be slightly cut with the scissors, avoiding the *rannine* arteries.

The new-born child should sleep eighteen to twenty hours out of the twenty-four.

Annotations.

THE COLLEGE OF PHYSICIANS AND SURGEONS, BOSTON, MASS.

In a recent number of the Boston *Daily Herald* is an account of the purchase of the new building for the College of Physicians and Surgeons of the city, and "a reorganization of the faculty." This may look well upon the face of, and, perhaps, the more so because the names of prominent business men, including the governor of the state, ap-

pear as trustees of the institution. In reality, however, the matter assumes a different phase. When the college of Physicians and Surgeons was incorporated under the laws of the state of Massachusetts, there were men connected with it who had no professional standing with the medical fraternity, although affixing the title of M. D. to their names. This element had very little regard for the actual welfare of the college—except as a means for magnifying their own importance, and have ever proved themselves veritable thorns in the sides of those who desired to place the college on a level with other medical colleges of the country.

For years the college has struggled for existence without professional recognition, until about a year of two ago, when, after weeding out much undesirable timber in the faculty, it applied for recognition to the Massachusetts Medical Society and was accorded such recognition by a large majority vote of the Councillors of that Society. For the past two years the college has been in a fairly flourishing condition, and the increasing number of students and their creditable examination for admission to the state society spoke well for the school.

Now again the enemy has stormed the fort, and it looks this time as if he had taken it.

At the recent annual meeting of the corporation of the college this element, which has always been on the alert to overthrow the school, succeeded in drumming up all the old members who were favorable to their side, ousted the trustees and faculty by superior vote, and placed their own men in the vacancies. The result has been the complete demoralization of the College of Physicians and Surgeons, and the alumni are "up in arms" over the situation. The method of electing a new faculty by this newly-elected board of trustees is amusingly interesting. As many names of prominent medical men as are useful to their purpose are selected by the trustees, published in some daily paper, and then these professional gentlemen are approached to ascertain if they will tender their services for a small remuneration. As a rule they will not serve, neither are they expected to, but the advertisement

has served its purpose and the uninitiated think that the college is to be manned by the best medical talent of the country.

This is bordering on quackery. Underlying the whole affair may be found the names of two men, one the cats-paw of the other, who have concocted the whole scheme to thus overthrow the college; or else both are carried away with the insane idea that they can maintain and run a first-class medical school without the prime requisite, professional standing and confidence.

SEPARATOR SKIM MILK.

WHEN times are hard and money scarce, the question of making both ends meet becomes serious with many families. And yet, very few ever go into the question of dietetics enough to consider in what way they can obtain the best value for their money. One of the neglected foods is separator milk. That this not utilized much more extensively is due to prejudice, founded on ignorance. We hear often such expressions as "separator slop," and "all the life is taken out by the separator," etc.; and so on, until one is forced to believe that even in the highest circles the elementary principles of food-chemistry are unknown.

In *The Scotsman* (Edinburgh), April 25, 1891, is an interesting dissertation on separated milk, from which we take a few points. The milk is placed in a metallic cylinder, that is revolved at a very high speed. This throws bodies of higher specific gravity to the circumference, while the lighter part, the cream, gathers in the center. The cylinder is found to be coated with a slimy paste, consisting of cow-hairs, epithelial scales, blood, straw, chaff, wood, paint, dust, soot, tubercle and other bacilli. Milkmen always speak of the *cleanness* of separated milk in a way that shows how this has impressed them. After seeing what has been extracted from the milk, most persons would prefer not to use any but separated milk and cream.

By this process the cream is extracted very soon after the milking, and the products are that much fresher than when the milk has been "set" for cream for one or two days. As more cream is obtained by this process, the remaining skim milk can be sold at a lower price

than the old-fashioned skim milk.

When separated milk was first employed in Denmark it was opposed by physicians; but this prejudice was dissipated by a distinguished physiologist, who stated that it was admirably adapted for human consumption, and almost the cheapest food obtainable; though, as man cannot live on bread alone, neither can he subsist on skim milk exclusively. Just here we wish to make a point: that the opponents of skim milk make the objections to it as an exclusive diet, while we only recommend it as one element in the diet.

Our Scottish writer compares the cost with that of other foods. Two cents is the cost of an egg, containing $\frac{1}{8}$ oz. of albumen and $\frac{1}{7}$ oz. fat. Two cents' worth of separator skim milk contains $1\frac{1}{2}$ oz. albumen and $1\frac{3}{8}$ oz. milk sugar. The milk has $7\frac{1}{2}$ times as much flesh forming material, and the sugar is worth three times as much as the fat in the egg. One pound of beef costs eighteen cents. It contains three ounces albumen; whereas eighteen cents' worth of skim milk contains thirteen ounces of albumen and $14\frac{1}{2}$ oz. of milk sugar. Compared with whole milk, at six cents a quart, for this we get $1\frac{1}{2}$ oz. albumen, 2 oz. milk sugar, and $1\frac{3}{8}$ oz. butter. A quart of separator for two cents contains all these except the butter. The extra four cents is paid for the butter, at at the rate of forty cents per pound; or, if we pay eight cents for whole milk, the butter costs us sixty cents per pound. Fats of many kinds can be bought for much less than this; so that it is cheaper to buy them, and the skim milk. The latter might well replace tea and coffee as a drink for children; while for cooking, the use of skim milk, with an addition of fat, is surely economical and unobjectionable.

As an accessory advantage, the general use of separator skim milk will bring down the cost of whole milk, cream and butter; as this now waste product bears its share of the cost of production. Two things are essential: The consumer must know that separator skim is not to be used as an exclusive diet, but that fat must be added in some form; and the dealers must put the price low enough to make it a decided object to the consumer.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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RAILWAY SURGERY.¹

In an address recently delivered before the New York Medico-Legal Society, Dr. R. Harvey Reed gave some interesting details as to the work of the railway surgeons. It appears that the great bugbear of the transportation service is the "railway spine," or Erichsen's disease. Millions of dollars have been paid out in damages for this affection, which, in Dr. Reed's opinion, is wholly imaginary. He says: "It is for the purpose of combating these claims and enabling the railway surgeons to make a clear differential diagnosis between the true and the false spinal injury, which have led juries and courts astray and cost the railroads millions upon millions of money, that we as surgeons have organized not only local but state and district associations, and last of all, a national association." If the first clause be

true as quoted, and these associations are organized for the purpose of *combating claims* made by the unfortunates who have been injured by the railroads, the best thing for the victim to do is to get himself out of the hands of the railway surgeon as quickly as possible, and into the custody of a surgeon whose sympathies lie with the patient; or who at least is actuated by a desire to see justice done, irrespective of his sympathies. It is repugnant to the instincts of common humanity, and to those of the medical profession, that the ministrations to the wounded are made by an individual who is simply one of a corps organized for the protection of the company against the patient.

We think Dr. Reed did not quite mean this, and that he intended merely to defend his employers against fictitious claims, but he unconsciously, perhaps, takes the ground that all claims are fictitious, and that this organization is to *combat* claims, when he might with more propriety have said, to ascertain their justice. And we are the more convinced that the view that the surgeon simply serves the company's interests is that generally prevalent, as in the next paragraph Dr. Reed acknowledges the low estimate placed on him by his employer.

We quote:

"We realize, to our sorrow, as railway surgeons, that the average general manager or superintendent, does not appreciate the service which we, as an association of railway surgeons, are endeavoring to render the railroads of this country."

Perhaps the assertion of a loftier standard morally would secure the respect that appears to be withheld. That this low estimation is not due to inefficiency as advocates of the railway's interests, may be seen from the following extracts:

"In proof of my statements permit me to refer you to a large corporation whose road is equipped with the finest of trains

¹The Railway Age and N. W. Railroader, June 30, 1893.

and whose financial standing is high in railroad circles, but which has the lowest class of surgical service. Not long ago an accident occurred at a small town along their line, in which a man lost both legs. A surgeon in the employ of the company was called who had no experience in making amputations, and who in turn called another surgeon to assist him. The other surgeon, ignorant of the principles that govern the circulation of the blood, placed a tourniquet on each limb (both of which had to be amputated), and, to the disgrace of the profession, allowed them to remain there four days, resulting in gangrene of both stumps, which had subsequently to be amputated; and that company paid \$32,000 for the privilege of having at the head of its surgical department a non-professional, who had employed a surgeon incompetent to meet an emergency which is liable to occur to any surgeon at any moment in the employ of a railroad company."

"An eastern trunk line has had for years a non-professional man at the head of its surgical service and for this privilege was obliged to pay \$600,000 for 1,300 cases, or an average of \$500 per capita for all injuries. On the other hand, a western road which had placed its surgical service under a chief surgeon and had practically three times as much of mileage as the former, but which has adopted the hospital system that stands pre-eminently as the system of surgical service, settled over 2,500 cases of personal injury for \$65,000, which is an average of about \$26 per capita. This shows the enormous difference of 1,200 claims in favor of the road with the chief surgeon, settled at a saving to the company of \$535,000, and in favor of the hospital system with a chief surgeon and a corps of competent surgeons, as compared with the other line whose surgical

service is run by a non-professional superintendent."

We are as much opposed to mulcting railroad companies for undeserved damages as is Dr. Reed, and the physician who assists in any such plundering schemes shares the moral responsibility for a dishonest action. The only strictly professional ground for the physician is that of the impartial judge; and this we have always believed to be incompatible with the position of a paid employee, of the railroad, unless under a management more highly enlightened than the average "soulless corporation" possesses.

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Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

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THERMIC FEVER IN A CHILD SEVEN MONTHS OLD.

The undersigned would like to present an outline of a case that came under his observation, to the readers of the TIMES AND REGISTER with the hope that some suggestions as to diagnosis and treatment of similar cases may be made. About ten o'clock one hot July night I was hurriedly summoned to see a "very sick baby."

The patient was found in a very small top story room with two small windows facing the south.

The case was a strong plethoric child of seven months of age, which was in a state of tonic rigidity with rapid labored respirations, the fingers and toes strongly contracted. Anterior fontanelle pulsating, eyes moving up and down with each respiration. Frequent attempts were made at vomiting: Consciousness was not completely lost, as the baby

could be partially aroused, and made efforts at crying when disturbed.

The temperature was found to be 108° with the pulse correspondingly rapid.

The baby had been fretful for several days with teething. There was some swelling of the gums over the two upper incisors. Early in the day the child had been given castor oil which caused several movements of the bowels. Stools were said to be offensive, but not otherwise unnatural.

The day had been extremely oppressive, the weather report giving a temperature of 94° and a general humidity of 75° .

The diagnosis of thermic fever or sun stroke was made, although the patient had not been exposed to the sun, and the grave symptoms did not appear until 9 P. M.

The treatment was a quick mustard bath with friction of the extremities and the constant application of cold cloths and ice to the head. Two small doses of phenacetine were given but it was two hours before the temperature was below 105° . At this stage a little whisky and some aromatic spirits of ammoniac were given.

In five hours after the onset of the attack the patient died with a temperature immediately after death of 103° .

Was this diagnosis correct? Would bleeding or lancing of the gums have been of any value? Was bromide of potash indicated? Could the case have been one of cholera infantum, or pulmonary congestion?

J. C. WELCH, M. D.

1801 ARCH ST., PHILA.

ATROPHY OF TESTICLES.

WHAT course of treatment would you advise in a case of atrophy of the testicles, as a result of mumps, in a stout man of forty years? The disease has been making steady but slow progress for the last ten years. I have used iron and strychnine in various forms, saw palmetto, sanmetto, faradism, local cold baths, and steel bougies but all to very little effect. The patient's sexual desires are strong, with good erection, I

have advised extreme moderation in sexual indulgence, etc.

[The atrophy does not seem to be extreme, if after ten years sexual intercourse it is still possible. Galvanism and such local stimulants as bring the blood to the part are indicated: hot bathing, soap liniment, and intercourse carefully regulated by the effects.—Ed. T. & R.]

FATTY HEART.

ALLOW me to ask you for a little assistance. I see there are a number who send in questions to your valuable paper, so I thought I would do the same.

Mrs. H., age sixty-five years, plethoric in habit, but quite nervous, has palpitation of the heart. Her pulse is from eighty to 100 per minute. The bowels are constipated, she has pain in her back between the shoulder blades. She also has burning of the extremities especially of the feet.

What causes the burning sensation, and what will relieve the same, the feet are bloated somewhat.

J. D. BENNETT.

PIKE'S PEAK, MICH.

[Fatty degenerations of the heart, or dilatation, or both. Give her nutritious food, very little liquids, and forbid all muscular straining. Give her tincture of digitalis, gr. xx. every four hours for a week, out of each month, and for the rest of the time, sulphate of sparteine, gr. $\frac{1}{4}$ at the same intervals.—W. F. W.]

Book Notes.

ELECTRO-THERAPEUTICS OF NEURASTHENIA. By W. F. Robinson, M. D., Sq. 12mo, pp 72: Geo. S. Davis, Detroit, 1893.

This little volume devotes its description of the use of electricity, in that indescribable form of nervous disease called (for want of a better name) neurasthenia, principally to static applications. The reviewer, though an ardent advocate of static electricity, cannot agree with the writer that this form of force is the better of the three in such affections, because here we need *electricity*, not pressure (voltage). He appears to undervalue faradism, although in comparison with static effects, the former undoubtedly has the advantage. The book is readable, and nicely gotten up.

The Humanitarian of July contains a number of papers of special interest to physicians. Victoria Woodhull Martin contributes an article entitled "The Alchemy of Maternity," in which she pursues her favorite theme, the breeding of Man on scientific principles.

Momerie writes on "Mediæval Medicine," and gives some interesting phases of the conflict between the early scientists and the church.

Bertillon treats of "Anthropometry," and other papers are by Walter Besant, Mrs. Fawcett, Moncur Sime, etc., etc.

The Humanitarian is published in London and New York, and is edited by Victoria Woodhull Martin.

MESSAGE. By Douglas Graham, M. D., sq. 12mo., pp 128. Geo. S. Davis, Detroit, 1893.

Quite an amount of information of worth is held in this little volume, and the reasoning of the writer is good throughout. Massage is hardly under- by the general practitioner as yet, and something can be learned by him through reading the book.

The Medical Digest.

PUERPERAL SEPTICÆMIA.

At a late meeting of the Richmond Academy of Medicine and Surgery, the subject of puerperal septicæmia was discussed.

Dr. Jacob Michaux opened the discussion by presenting some of the more generally accepted theories as to the origin of this disease—believing it to be a true sepsis—drawing his information mostly from personal experience. He had never seen a case that baffled him as to its origin, and was inclined to believe that meddlesome interference on the part of the obstetrician and nurse was, in most cases, the direct cause of this infection.

For treatment he could not suggest anything new, but advised a more general regard for cleanliness on the part of all who attended a lying-in woman; use of proper antiseptics; removal of all interference to normal involution. He had seen magnesia sulphate act promptly as a medicinal aid to a cure.

Dr. George Ben Johnston, noting the

prevalence and fatality of puerperal septicæmia, thought this one of the most interesting and important discussions the Academy had indulged in for some time. He believed it to be an acute infectious disease, the result of some pus coccus entering the blood through an abrasion in or about genitalia of lying-in women, either before or after labor—if after labor, by the peculiar receptive condition of the denuded endometrium consequent upon labor. These septic germs more often followed in the wake of obstetricians who have recently seen cases of erysipelas or puerperal infection, when it would set in in a few hours. The infection, no matter what its origin, either entered the system through wound in vagina, cervix or uterus—if through uterus, probably from decomposed clot or sloughing of membrane lining uterus, in which case it was manifest in a few hours; but if caused by passage of lochia through cervix, over vaginal tract, its manifestation was delayed. He had seen several cases that occurred before labor, but these he thought exceptional. The treatment he looked upon as what one would most naturally do in cases of suppurating abscesses—get rid of pus and keep parts clean; carefully wash out vagina, before and after labor; with antiseptic solution, and as he did not believe fluids would sufficiently wash out the uterus, he used a curette—sharp one—scraping away all of the mucous lining, and stuffed the cavity with iodoform gauze—did not think it safe to throw water into the uterus.

Dr. Geo. Ross followed Drs. Johnston and Michaux in a very forcible resume of what he considered the most essential points of interest in puerperal septicæmia, either from a clinical or theoretical standpoint. He considered that Nicholas Senn, *primus inter pares* of progressive American surgeons, had laid down an axiomatic truth, verified in everyday practice, that whenever there is extensive bleeding from a raw surface, there is a consequent lessening of blood-pressure, which renders the parts more susceptible to septic invasions, also there was, as a rule, a delay in the recuperation of such surfaces. Thus the doctor could readily see why a woman at or before labor, examined too often maybe,

by both doctor and nurse, might develop an infection, be it heterogenetic or the result of the parous state. He was inclined to give the septic theory the ascendancy, wherein a micro-organism of some description is the patent factor, having found its way to the raw surface of the uterus or vagina *ab extra*. And, as a more conclusive proof of the uncertainty of the occurrence of this trouble, as well as to its unsuspected and dire results, he reported the case of a lady æt. 26 (3-para), robust; no heredity or personal taints; former labors successful; who developed puerperal septicæmia after a hurried labor of placenta prævia, when podalic version had to be done. The doctor lost no time in tamponing the vagina—recognizing the strictest laws of antisepsis. The mother's parts were kept scrupulously clean and her toilet pure. The doctor thought this a very unique case, not only because it combined two of the most fatal complications known to a parous woman—placenta prævia and puerperal septicæmia, followed by septic embolic pneumonia, but, in point of fact, that, in spite of all he could do in a precautionary way, she developed septic infection so soon after delivery. He suggested that septic material may have entered before labor set in, and might have been conveyed by means of the sheeting used as a tampon.

The next morning temperature was 105°F., pulse 120. She was given the following prescription: R.—Salol, gr. xxxij; phenacetine, gr. xvj; morphia sulph., gr. $\frac{2}{3}$; ext. aconite root, gr. j. M. et. ft. capsules No. viij. S. One every four hours.

She was put upon nourishing foods, stimulants, antiseptic vaginal douches night and morning, the curette having been employed with bichloride solution, 1—4000, the day of chill. In spite of treatment, patient died on the 8th day after infection began.—*N. C. Med. Jour.*

CHOLERA.

The preventive treatment of any disease, more especially of cholera, is the most important, reliable and successful, and consequently the safest. How are we to prevent cholera? Avoid known

abuses; nourish the body as perfectly as possible; observe the laws of health scrupulously; secure personal and surrounding cleanliness; avoid all excesses, either eating, drinking, working or sexual excess; drink pure water and eat pure food; live regularly and naturally; stay in the open air and avoid excessive heat of the sun; dress comfortably, coolly, but so as to avoid sudden chilling of the body; if weak build up the strength, if strong endeavor to stay so; trust in your own strength and do not be frightened.

As to curative treatment: Begin with the earliest departure from health. Use sulphuric acid, with aromatics and anodynes, as opium, calomel and salol, in appropriate cases. If in collapse, or tendency to collapse, use warm general bath; bury the patient in the water. Place in the water a sufficient amount of sodium chloride, phosphate and potassium carbonate to make a weak alkaline-saline solution, of about the same density as the blood. Then, in suitable cases, whenever the collapse is severe, the exosmosis excessive and persistent, resort without delay to cataphoresis. Pass the fluid directly into the tissues, change polarity of cells, etc.—Crouch, *Lancet-Clinic*.

INTERNAL MASSAGE.

Internal massage is being applied to the nasal tract, with remarkable results. Hypertrophied sections of tissue subside to their normal dimensions, while atrophied portions develop by the same treatment. This consists in the local use of a vibrator, operated by electricity. Freudenthal (*Med. Record*) speaks of treating in this way six cases of hay fever. Five were treated once or twice daily, and the attack was reduced to from fourteen to ten days, while it formerly lasted four to six weeks or longer.

FOR DYSENTERY.

Annie G., aged seven; Dysentery. Sanguine mucous stools with tenesmus frequently. To take hyoscyamine, one granule half-hourly, with bismuth mixture, until the tormina ceases. In twenty-four hours a formed motion was passed without blood or slime. Second day no return of the purging; tenderness dis-

appeared, asking for food. To take hydroferrocyanate of quinine two granules every four hours.—Walker, *Dosim. Med. Review*.

SUBCLAVICULAR PALPATION.

Hottenier calls attention to the diagnostic value of bimanual palpation of the upper part of the chest. A congestive process limited to the apex may not be distinguishable at its commencement by percussion and auscultation. In such a case Hottenier recommends the following manoeuvre: while one hand is applied over the subclavicular region and the other is maintained over the corresponding scapula, the to-and-fro respiratory movements are followed by the two hands and a moderate degree of pressure is exercised by the pulp of the fingers in front during inspiration. Should no pain be thus elicited, no appreciable lesion of that apex exists. Should the patient, on the contrary, complain of pain, it is a proof that congestion is present.—*Lancet*.

THE SPECIAL INFLUENCE OF ALCOHOL ON THE BODY.

The subject may be divided into three parts: (1.) The effects of alcohol upon the nerves. (2.) Upon the blood and (3.) Upon the physical integrity of essential organs and tissues.

First: The influence of alcohol upon the muscular sense is well marked—the movements of the muscles being hampered and paralyzed by that agent. There is incoordination of movement in the muscular system. This is seen in the imperfections of speech and locomotion, and in the incapacity to combine the actions necessary for sewing, playing upon musical instruments, etc.

The vaso-motor system of nerves is always affected by alcohol—sometimes this is observed in flushings, which indicate paralysis—and sometimes by pallor and a spastic state of the capillary system.

Alcohol may also produce neuritis, as in the tibialis anticus nerve, the musculo-spiral nerve and several others. It is plainly injurious to the phrenic, as well as to the pneumogastric nerve, causing widespread functional and structural derangements.

The anæsthetic effects of alcohol upon common sensation, and to some extent upon the several senses, influence very materially the accuracy of perception; and they mislead the mind and judgment in many ways.

Second: Alcohol may produce changes in the appearance of the red corpuscles of the blood. They are deprived of the power to perform their functions physiologically. They may become shrunken, deformed and incapable of either distributing oxygen or of eliminating carboic acid in a healthful and proper manner.

Not only carbonic acid, but other effete and poisonous matters, corrupt the blood when the influence of alcohol is prolonged for a considerable time. There is accumulation of carbon, and especially of the hydro-carbons. These may readily undergo slight chemical changes, resulting in the production, at one time, of acetic acid, and again of fat, attended with a disappearance of oxygen, already too scant.

The gouty, or the rheumatic diathesis may become established by contaminations of the blood dependent upon deficiency of oxygen.

The low temperature induced by alcohol may be partly connected with alcoholic paralysis of certain brain centres; but it is also greatly dependent upon the incapacities of the circulating fluid to hold oxygen and to distribute it in the general system.

Third: Physical degenerations from alcohol are numerous.

The heart may be prostrated by absence of the proper physiological rests between heart-beats. It may also become the seat of fatty degeneration, also of atrophy. There may be dilatation, attended always with irritable beat and palpitation. The valves, moreover, are likely to be injured.

The liver is often the seat of fatty degeneration in the inebriate. The kidneys may suffer in a similar manner. Both the liver and kidneys may be the seats of sclerotic degenerations, attended with contractions and indurations.

The connective tissue may undergo a process of hyperplasia under the influence of alcohol. This condition is likely to be associated with a variety of functional mishaps. But the contraction which sub-

sequently takes place in the enlarged fibrous substance is much more injurious. The gradual contraction of the interstitial tissue, especially in the liver, the kidneys and the brain, produces consequences of the most disastrous nature, which are the more to be deplored as they are necessarily incurable. The inebriate brain may present the appearance of the senile brain, there being atrophy and superabundance of serum.

The membranes of the brain, including the dura mater, may be abnormally adherent and thickened, while the brain itself may present "patches of apparent sclerosis, and other evidences of injury due to alcohol, which resemble the appearances seen in the brains of paretics."

—T. L. Wright, *Amer. Med. Assoc.*

QUARANTINE.

ONE of the most important questions of the hour is that of quarantine. During the past year the apprehensions of the country have been fully aroused upon this subject, and there is every disposition on the part of the people to have such laws enacted as will render us safe against the introduction of Asiatic cholera and typhus fever. The latter has entered one of our principal ports and has infected a limited number of the population of the city of New York. Thanks to the efficiency of the Board of Health, it has been kept under relative control, and is now abating. The former, starting from its home in the East, some two years since, and, following the track along which it has heretofore traveled, has not only reached the most frequented ports of Western Europe, but has traversed the Atlantic, and during the last summer sought admission to our shores. Through a number of fortuitous circumstances, rather than by the aid of any well-ordered quarantine, we have been spared the misery of an active invasion. It has retreated to the farther side of the ocean, and seems to be preparing, with renewed energy and increasing activity, for a second attempt to invade us. Shall it succeed? This is the vital question which we are called upon to meet, and, if possible, to solve.

The subject is not incapable of solution, but there are difficulties which bese-

us, owing to the character of our institutions and the organic laws under which we live. It has been shown on more than one occasion that the strict enforcement of quarantine laws in America, as well as in Europe, has prevented contagious diseases from entering the seaports of a country, when full and judicious measures were put into execution. During the late war between the States, every seaport along the South Atlantic and Gulf States that was effectually blockaded was spared an invasion of yellow fever. Even New Orleans, which, prior to that period, had been so frequently visited by it, was kept exempt from it through the measures resorted to for the purpose by the military commandant. Even after one case had escaped the vigilance of the quarantine officer and had taken up its abode in one of the most populous sections of the city, by prompt removal of it to a vessel in the river, which made a speedy exit from the port, the disease was prevented from obtaining a foothold; while Wilmington, North Carolina, which, until the last year of the war, remained comparatively open to vessels plying between that point and the outside world, was subjected to a frightful scourge from yellow fever, owing to its introduction from the Bermudas. Do not these facts warrant the conclusion that yellow fever is of alien origin, and never endemic in this country? I offer this to show what can be brought about where a preventive system of quarantine is scrupulously carried out. The circumstances and environment were such at New Orleans as to make it imperative upon the military officers there to keep the disease out of the city, as the army of occupation was, owing to the configuration of the country, necessarily encamped within its limits. It was an army recruited from the more northerly section of the United States and unaccustomed to the oppressive and enervating heat of so warm a climate. Had yellow fever once established itself, that army would simply have been annihilated, and the chronicler of the leading events of the war would have found adequate figures of comparison only in the Plague of London and the Black Hole of Calcutta.

These visitations come to us, however, in the majority of instances, in times of profound peace, when it is difficult to induce the authorities of the country to enact laws sufficiently stringent to maintain a judicious quarantine. In America, while we enjoy the blessings of a freedom never before equalled, yet the greatest enthusiast will not fail to acknowledge that our form of government has some defects, when it is called upon to grapple with questions that require the curtailment of the personal liberty of the citizen for the benefit of the people at large.

There is another draw-back to the enactment of general quarantine laws. Our sea-coast towns as ports of entry are jealous of their local and territorial trade rights. A grand net-work of railroads spreads over our entire country, and the ordinary channels of trade can be interrupted and the trade diverted into new directions, whenever free ingress and egress to traffic do not exist at any one of our sea-ports. Appreciating these facts, and ever jealous in guarding their commercial interests, public sentiment in such communities always tends to suppress the truth at the inception of an epidemic; and even the press, usually free and out-spoken on all matters in which the general public are interested, remains practically silent until its utterances cease to be news, and a widespread epidemic has advertised itself. This is a matter of profound regret; and yet, so long as human nature retains its present characteristics, we may always expect such causes to produce corresponding results.

To depend upon municipal quarantines for the protection of this great country from the spread of contagious diseases, is to reckon without your protecting host. The selfishness of human nature, the desire for gain, the aggressions and the potency of wealth will all be brought to bear upon those in authority, and will, if possible, drive from place and power conscientious officers, who, in the discharge of their duty, fail to comply with their behests and interfere in any way with what they consider their rights and privileges.

I trust that I shall not be held as animadverting too severely upon this

subject. These remarks are not intended for any particular locality. What I have stated is sustained by the history of the past epidemics that have broken out in our country. No one can ever be safe so long as the local authorities at ports of entry are left as the sole protectors of the nation against the entrance and spread of epidemic and contagious diseases. The peculiar organization of our Union of States is such as to deter those in official positions from exercising authority in any case except where the right so to do is clear and well-defined. The jealous care with which the rights of the States were guarded in the formation of the Constitution, and the special declaration by amendment to it, that all powers not specifically granted to the General Government were reserved to the States; the provisions defining the rights of the Government and the reserved rights of the States, have been the means of engendering more antagonisms than any other issues that have arisen under it. I need not recur to the stirring scenes that have been enacted in the United States Congress on many eventful occasions. The antagonisms above referred to brought on our great civil contest, with the results which are so painfully fresh in the memories of all. It is not surprising that politicians are averse to agitating any questions which may in any manner trammel the rights of the States through laws passed by the General Government.

The trend of public sentiment, as shown by the laws enacted by Congress, and the decisions of the Supreme Court of the United States for the last twenty years, manifest very clearly that the public conscience recognizes the fact that a return to old conceptions on this subject is necessary for the general good of the country. While we may admit this to be true, yet, in the particular issue we have in hand, may we not fall into a very grave error by failing to perceive what is clearly our duty to the people as a whole? "The general welfare" clause in the Constitution clearly gives to Congress the right to legislate for the preservation of the health of the citizens of this country, and for the prevention of the spread of epidemic and contagious diseases among them. There will be

many who will cavil at this application of the clause referred to; and the attempt to enact aquarantine law of a rigid and vigorous character will meet with stout and bitter resistance. Reared in the school of strict construction as to the rights of the States, I do not hesitate to declare that the time has at last arrived in this country when, owing to the imperative exigency growing out of our great increase in population, the facilities for travel and intercommunication, and the constant flow of immigration from all parts of Europe, all patriots, representing every shade of political opinion, should unite in demanding of Congress the passage of a law strong, concise and yet comprehensive, that will enable the Government to properly protect its citizens against disease whenever, in the discretion of its officers, the emergency may have arisen. There is as much reason why the power of the Federal Government should be invoked to aid in repelling the advent of pestilence as to aid in repelling the advent of a hostile fleet or army. Once established, pestilence would cost our country more human lives and more money than a war with any foreign power.

These remarks are made in consequence of the failure of our late Congress to pass such a bill. The measures which they adopted are partial and temporizing, and fall far short of the exigencies of the hour. I will not attempt to give you the details of this law, approved the 15th of February, 1893, known as "An Act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service." Its provisions are no doubt familiar to you all. All of its sections relating to consular regulations abroad are everything that we could wish. But when it comes to be applied on this side of the water, it is grossly defective. All on the other side of the Atlantic is compulsory, all on this side permissive and co-operative. So long as the Government officers are only permitted to co-operative with State and municipal quarantine officials, just so long will the law be imperfectly executed. We must not let the matter rest here. This Society should endeavor to arouse the people to a correct appreciation of their danger and of their rights and

duties in regard to it, and never cease agitating it until Congress shall be forced to enact such laws as are "necessary and proper" for meeting each and every emergency. Personally, I am not in favor of a quarantine of detention, but of anticipation and prevention. This is the true way of avoiding the introduction of epidemic diseases into this country. The modern system of quarantine is not a system of exclusion or even of prolonged detention—it is based upon the application of scientific methods and apparatus. I call your special attention to the significant fact that this "System of Maritime Sanitation" has kept New Orleans free from yellow fever for the last twelve years, and absolutely without interfering with commerce; it has been pronounced by competent observers the most complete system of quarantine in the world, and it should be adopted as a model by the Federal Government for our common defence at every point where pestilence may be imported.—Hunter McGuire, *Address before the American Medical Association.*

DYSMENORRHOEA.

THE so called ordinary cases that consult us are often the most trying ones, ordinary simply because they are frequent and without limit as to the number and extent of the symptoms. It is a matter of regret to me, being still a student, that our medical literature should not discuss oftener these lesser studies in gynecology, which would be helpful to the profession at large, rather than consuming so much space with the mighty things which are interesting only to the purely surgical, and which things, be it said modestly and subject to correction, are becoming repetitious.

The case that troubles me is one of dysmenorrhœa. The symptoms that I have only partially subdued are pain and insomnia.

Mrs. P—, an anæmic blonde, without children and under thirty years of age, for some years married, has never been without pain during the menstrual period from the time of puberty. During the last two years it has increased in violence. She is regular as to time and amount.

The first day is natural and painless. On the second day the flow stops, and an intense indescribable pain near the left ovary, and descending to the knee of the same side, sets in and lasts for two days (yielding only to large hypodermatic injections of morphia); then the flux reasserts itself and continues for a week. During this period the patient is confined to her bed or to the house for two weeks. She is exhausted and thin, has an intractable insomnia, and no stamina. She was in danger of morphinism when sent to me. Her physical condition is just what might be expected, depression and melancholia having the upper hand. Eighteen months ago she consulted an eminent professor of obstetrics here, who dilated the cervical canal, but to no purpose.

STATUS PRÆSENS.—An examination of a drop of blood shows a diminution in the normal amount of red corpuscles. Urine, normal; reflexes, normal; weight, 119 pounds; tongue, red and flabby; respiration, normal; pulse, 90; vagina, narrow; uterus, retroverted, first degree; ovaries made out with difficulty, but so far as I can ascertain after several careful examinations, normal; tubes, normal. There is very slight tenderness in the posterior cul-de-sac, and pain is complained of when the body of the uterus is tilted up on the finger. It is utterly impossible to pass even the smaller sound beyond the internal os. The atresia is perfect. Pressure here by the sound sets up the characteristic pain which is making the patient miserable.

TREATMENT.—Small insulated sound in the cervical canal connected with the negative pole of the galvanic battery. A large clay pad on abdomen connected with the positive pole, a current of 10 m. m. to start with. Vagina washed out with a one per cent. lysol solution before the operation, and uterus and vagina washed out after. I may mention here that the endometrium was very sensitive to the sound, but the discharge was inconsequent. Séance, five minutes, well tolerated, patient resting for two hours after each sitting. As there were only ten days between the period that could be depended upon, I gave the static bath every other day, and dilatation was practised three or four times between the

periods. Porter was ordered. The first flow after this inauguration was attended with less pain, but the insomnia was as bad as ever. For two weeks the patient did not leave the house, and was much exhausted. Treatment was recommended on the same lines. I found the canal closed as tightly as formerly. I gave chloralamid to induce sleep, and ordered suppositories of cannabis indica, one every day, commencing with the period. This plan of treatment was continued for three months. Nothing got better, but the insomnia, and this always yielded to the chloralamid, which acted happily, leaving no ill consequences. Nothing subdued the pain but the morphine injections. Six weeks ago, after thorough irrigation, I dilated rapidly and used a glass-stem pessary. Before doing so I made as careful a diagnosis as I am capable of making, but discovered nothing other than that of which I have written. The static baths quieted and acted as a tonic. She sometimes slept for an hour after them. Everything has been done to enrich the blood-supply. Plenty out of door exercise, milk, eggs, and beefsteak; albuminate of iron and alcohol baths. The last period was worse than any before it. She is now overdue; has pain in the region of the uterus, and a heavy head. The abdominal pain may result from the dilating. The canal is much more permeable at some times than at others. The stricture is more spasmodic. What have I gained? Only this: The insomnia yields to chloralamid, and this permits her general health a chance of sympathizing with the iron and tonics generally. The endometrium is less sensitive; owing to the electric curetting and to the intra-uterine lysol irrigation. Her appetite is better, and she has more strength to resist pain. What am I to do farther? I do not know. An operation? Not if she can get well without it. I am no great lover of iron. In my hands it has oftener done harm than good. In Schwalbach, the waters caused headache and other unpleasant symptoms. Dr. Grunberger prescribed this form of iron—the albuminate—for my wife, and it did all that he expected. It had escaped my memory until reminded of it by this case. If this dysmenorrhœa is due to anæmia, then the iron is

of course, indicated. Perhaps the faultiness of the blood-supply acts as an irritant to a hyperæsthetic condition of the membrane at the internal os, and causes a spasmodic stricture. In a general sense it is understood to be significant of ovarian trouble when that peculiar leg pain exists, and yet, in this case, there is nothing abnormal to be made out in either ovary. Would an operation be justifiable under such circumstances? Is iron indicated, and is this the best form of it to administer? Is the insomnia to be combated with hypnotics, and for how long?—H. R. Bigelow, in *Medical Record*.

ULCER AT SIGMOID FLEXURE.

MR. S., aged twenty-four years. Family history good. The trouble began as a morning diarrhoea two years ago. The first thing after getting out of bed was an urgent desire to go to stool. The first action was large and passed with little or no pain; later the desire to go to stool became more frequent, and when I saw him he was having from five to eight actions in twenty-four hours, with much mucus and an occasional showing of blood. Under examination with the speculum, the lower part of the rectum presented a rather healthy appearance. A Wales' rectal bougie No. 6 passed easily and without pain until it came near the sigmoid flexure, when the patient complained of pain. When the instrument was withdrawn the point was covered with bloody mucus, making the diagnosis conclusive as to ulceration in the sigmoid flexure.

The only perfect local treatment that can be made in these cases is by the use of Wales' rectal bougie. Some tact is required to introduce the bougie, and the introduction should be preceded by a small injection of water. The Wales' bougie enables us to make immediate application of medicine to the ulcerated surface, and in that way we can and do cure many of our cases that otherwise we could not hope to benefit. I make the following local applications through the bougie:

R Bismuth subnit. gr. xx
Iodoform gr. v
Sweet almond oil ʒss

R Pinus canadensis ʒi
Aque ʒss
R Fl. hydrastis ʒi
Aque dest ʒss

These different medicines or combinations should be alternated.

I quite agree with Dr. Matthews, who says: "After treating a number of cases of this kind, I am persuaded that the fluid hydrastis is the best agent that can be employed. It is non-irritating, does not pain in the least, can be retained without difficulty, and is an admirable astringent."—L. Straus, *Med. Fortnightly*.

RENAL INSUFFICIENCY: DIAGNOSIS.

I FROM the standpoint of scientific internal medicine, no patient suffering from whatever ailment receives full justice at our hands unless we examine his urine carefully.

2. Our examination of the urine often fails to throw light upon a case that repeated uranalyses will afford.

3. The fact that albumin and casts are not found in the urine is not sufficient warrant for concluding that renal insufficiency does not exist.

4. Notably lowered elimination of urea by the kidneys exists in cases presenting no evidence of renal disease by superficial uranalysis.

5. The examination of the urine for the total urea and other solids voided in twenty-four hours is fully as important as the qualitative examination for albumen.

6. The microscope is indispensable in uranalysis.

7. Very valuable data for the application of therapeutic measures are obtained by repeated and painstaking uranalyses.

—A. D. Jones.

RENAL INSUFFICIENCY: TREATMENT.

—1. We should not try to stimulate into activity an organ that is inflamed or degenerated, by the use of drugs that excite functional activity of such organ; in the case of the kidney we should rarely, if ever, have recourse to stimulating diuretics, or to diuretics which, like digitalis, act by increasing the arterial

pressure, until we have relieved the venous congestion by diaphoresis or catharsis, or both.

2. Attention to diet is of the utmost importance in these cases.

3. In order that the materials to be excreted by the kidney may come to that organ in the most unirritating form, the metabolic processes should be carried to completion; this is to be accomplished by regular systematic exercise, which is to be obtained by massage when active exercise is not advisable, by inhalations of pure oxygen gas when it is evident that sufficient oxygen is not obtained from the air, and by the dilution of the katabolic materials by drinking large amounts of distilled water or one of the mildly alkaline waters, such as Bethesda, Poland, or Buffalo Lithia water.

4. The anæmia that accompanies these cases should be met by the use of oxygen and iron.

5. As the symptoms indicative of this condition are the result of toxæmia, which depends upon the non-elimination from the body of certain katabolic materials that should normally be carried off through the kidneys, and as these organs are in such condition that they cannot do their work, all other avenues of elimination should be opened up for the escape of these poisons. This is to be brought about by exciting the activity of the skin by means of hot air or steam baths accompanied and followed by vigorous massage; keeping the bowels open by means of salines and by washing away the contents of the colon, thus keeping the mucous membrane in a proper condition for excretion, with copious enemata of slightly alkaline water, occasionally followed by a light enema of 500 or 600 c.c. of pure olive oil, as suggested by Fleiner.—Dr. L. Rochester, *N. Y. Med. Jour.*

GOLD AND MANGANESE IN TUBERCULOSIS.

THE injections are given once in two days, and cause little or no local irritation if properly administered. Experience has shown that nothing is gained by giving heroic doses, but on the contrary, serious results may follow. Over-

dosing may cause fever, ptyalism, increased cough, bronchial hemorrhage, jaundice, edema and symptoms resembling iodism; but when given in suitable doses and at proper intervals, there is scarcely any constitutional reaction, so-called.

Two classes of cases seem to be particularly amenable to this method of treatment, viz.: incipient cases without severe symptoms; and moderately acute cases, not too far advanced, in which there is an evening temperature two or three degrees above normal, and in which cough, expectoration, emaciation and night-sweats are beginning to be troublesome. In the former there may be seen after a time increased appetite, followed by a well-marked gain in weight and a restoration to apparent health. In the latter there is sometimes seen an action almost specific. The temperature falls from one to three degrees, the pulse becomes stronger and slower, the pulmonary and bronchial irritation subsides in a remarkable manner, the whole aspect of the case changes, and shortly afterward the patient announces that he weighs ten pounds more than he did. Then it is that the medical observer finds it a little difficult not to get enthusiastic.—O. H. Merrill, *American Therapist*.

CHOLERA AND ITS TREATMENT.

AMONGST the remedies I would place three above all others, viz., lobelia, valerian and capsicum. Lobelia, one of the worst-abused medicines and yet one of the best in the whole materia medica, a bactericide of the first water, from the time it enters the stomach clear down through the alimentary tract, sterilizing the germs, stopping the production of ptomaines and preventing cramps by its relaxing power. Valerian is antispasmodic, preventing reflex irritation and nervous exhaustion. Capsicum as a stimulant has not its equal in the whole range of medicines. As a stimulant to the nerves of the ganglionic system, no other stimulant and sedative will act on the stomach and intestines, both mucous membrane and glands, with such certainty.

These three made into a compound, tincture, and given in drachm doses in

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WHAT SHOULD A GENERAL PRACTITIONER HAVE IN ELECTRICAL MACHINERY?

By W. R. D. BLACKWOOD, M. D.

HE should have all that a specialist has, and he should know how to use it just as well as the specialist does. We read some extraordinary effusions in the papers now and then about what some doctor does with tools of many descriptions in throat, nose and gynæcological work, and occasionally the "lightning-bug," as our friends the professional castrationists have it, gets over-charged with energy, and shoots off some miraculous statements as to his success with the current in the most improbable diseases—cause and effect being duly considered. It is being pretty well understood by this time what electricity will do in its sphere, and that sphere is not by any means a narrow one. It is somewhat wider than our co-worker, Mobius, is willing to admit, for in a recent pronunciamento he has let us know that nothing can come from its use under any

conceivable condition except an effect on the patient's imagination! I don't wish this distinguished unbeliever any harm, but if he should become a sufferer from a bad neuralgia, or any of the pains and aches that torment the brain-worker, aside from organic lesion of the cord or or encephalon, I hope he will try one of our confreres who do think better of the subtle agent, and let him show what there is in it beyond that imaginary effect which so frequently aids the dispensers of vacuous nothings, amongst the people of leisure who form the greater bulk of the hahnemannian clientele. (I see that I have used a small "h" to spell the great dilutionist's name, and this comes of my doing so when referring to one of our great political parties, upon whom I don't think it worth while to waste capital letters. I don't say which party this is, but if anybody asked me to what the prevailing depression in business affairs was due, I would be apt to tell him that it is because the snow-storm which set in last November is still in progress, and likely to last till another change back again to old methods occurs. Let the little "h" stand, therefore—it is good enough.)

Why do I write upon this subject? Well: for one reason, the editor has

asked me for "copy" to fill the blank left whilst all the really good writers for the TIMES AND REGISTER are away summering (or simmering), at the shore and mountains. (By the way, don't you think that that new word—"Sizzard" is a good one, one of the best which the everlastingly impatient Yankee race has issued for a long time?) The second reason is that within the last month or so I have been asked for about the thousandth time what a doctor ought to have in the shape of mechanism in the electrical line. I am willing to reply, say about every quarter, if the journals will let me do it through their columns, for in that manner I save stamps and get at more than one fellow at a time.

No physician can afford to be without a galvanic battery of from fifty to a hundred and fifty cells, according to what he cares to take hold of in practice. He needs a good faradic coil which will give at least three varieties of current—not one tapped at three points in a coil of one sized wire. There must be three distinct and separate secondaries anyhow, no matter how many primaries there may be. Then if he wants to be ready for many phases of neurasthenic difficulty he will require a good static machine—one with at least six revolving plates—better ten, if he can afford it. The supreme obstacle in this line is the high cost of a machine made principally of ordinary glass and common wood. All the talk about the special kind of glass used is wind—you can get enough good glass here to build machines for little more than what well straightened glass is worth for other purposes than those in electrical lines. The electrodes (applying) are the things that take the most work to get out, yet they are the cheapest part of the business. When you do start in for a machine, get the best, and none is better than that made by Waite & Bartlett of New York.

Now as to galvanism: for all heavy work such as tumors which demand high amperage under low resistance there is nothing better than the Leclanche, and the "Axo" type is the preferable kind. Don't get the multitudinous zinc-carbon makes which flood the market under fancy names, and speci-

ally, don't touch the so-called "electro-poison" cells. These are dirty and destructive to themselves and everything which touches them, and ail the hydrostats in America won't keep one of them water- or gas-tight for one minute at a time. If you don't believe this turn one upside down for a while on something you value, and then go and buy a new supply of that "something" and a new battery also.

On your switch-board you need the following, and nothing less will answer: first, a "controller" to regulate the current strength, for it is better to intercalate the whole cell strength in one circuit, and vary its power by a rheostat of some kind, than to use one or more separate cells as needed to get a definite current. In the first method you wear all the elements alike, in the other you destroy them unequally. The first is economical, the second, wasteful. Next you want a switch to reverse the direction of flow at will: in certain conditions it is desirable to lessen or increase congestion of the capillaries, and this can be done by the manner in which the current flows, *i. e.*, direct, or inverse. Some authors do not think that there is any difference, let them try the experiment on the retina of a patient, or on their own: the first if they can use an ophthalmoscope—or the second if they can't. Then you need an interrupter, principally for diagnosis, and this may be either a manual one, or a mechanical affair, energised preferably by the current itself. This concern should be so arranged that it will vary the period of make and break at measured intervals, and these may be from one to twenty a minute. Other attachments are in vogue on many batteries, but they are only useful for experiment and work in commercial, as distinguished from medical electricity.

The faradic apparatus also needs an interrupter to give pulsations of a single make or break and this is usually operated by hand. The ordinary rheotome makes interruptions of anywhere from a few hundred to several thousand alternations per minute. I use one on a very long and fine coil which gives forty thousand in the time mentioned, and the sedative effect is wonderful. I am going to work

this up to sixty thousand, even if it takes an electro-motor to run the rheotome.

The doctor who cares to have the best to be had should get a good "Axo" Leclanche for office work, of say a hundred cells, and a portable fifty cell battery from the "Chloride of Silver Dry Cell Battery Company," of Baltimore, Md. A milliamperemeter is also a *sine qua non*, and the one to be preferred is that made by the Baltimore firm named. It is thoroughly standardized, and is adapted to all the requirements of a physician's work, besides being valuable for all experimental business involving currents of moderate strength.

The faradic machine and static apparatus do not need meters. In most makes you must go by the feeling of the patient, for although in the patterns modelled after the Dubois-Reymond coils a sliding scale is affixed to the secondary, the electromotive force of the actuating cells is wobbly, and therefore the measurement is principally guesswork. In the "Chloride of Silver" apparatus the cells are absolutely uniform in action from start to finish, and the primary being therefore *uniformly energised*, we can employ the controller with actual effect so far as the ability to always graduate the dosage to a desired point is concerned, a matter not possible in any other make within my knowledge.

I trust that the above will "fill the bill" for both the TIMES AND REGISTER and my inquiring friends.

PHILADELPHIA.

Annotations.

CIRCUMCISION.

M. J. LEHMAN, of New Orleans, (*Med. Review*), puts in a plea for universal circumcision, on the ground of various neuroses, enuresis, phimosis "and other ills, wails and woes traceable to a peculiar prepuce." He affirms that few Jews are neurotic, epileptic, syphilitic or marasmatic, and attributes this, inferentially, to circumcision.

His premises are incorrect, his deductions illogical. The Jew is defective in physique in his youth, obese and diabetic in mature life. He is scrofulous and eczematous, above the average of Americans in general. Even if he possessed all the immunities claimed by his admirer, it by no means follows that circumcision should be credited with them. The devout would attribute it rather to that special favor with the higher powers claimed by this race. If Dr. Lehman were right, it would seem that a new and improved edition of man were required, with the prepuce left off.

When Sayre published his celebrated article on phimosis and its reflex consequences, he fired many a medical youth with the determination to go forth and conquer, to find in every ailment from corns to small-pox a reason for trimming the youthful appendage down to the Mosaic pattern. We well remember rescuing one boy with malignant diphtheria from the hands of one of these reflex geniuses. Now the commotion has subsided, and the profession has concluded to restrict the operation to cases in which there is some clear reason for believing that it is needed. These are few enough; and by the time the profession has found out the applicability of preputial dilatation, the operation of circumcision will become very nearly obsolete, except as a religious observance.

IODOFORM AS A PACKING FOR TUBERCULOUS BONE CAVITIES.

LANE (*Lancet*) employs iodoform as a packing for such cavities, after they have been thoroughly curetted and dried. The iodoform is washed with 1 to 20 carbolic lotion, poured on lint and squeezed dry, and packed into the cavity as a dentist fills a tooth. Lane's idea is to occupy with a solid material, free from organisms, a cavity that would otherwise contain blood, in which micro-organisms might readily grow, this packing being gradually replaced with bone. No harm appears to result from the enormous quantity used.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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NITRO-GLYCERINE AND THE NITRITES.

IN his third Croonian Lecture, Dr. Leech considers the remedial uses of the nitrates. Notwithstanding the minute quantity required (1-1600 grain of nitro-glycerine will often affect the circulation distinctly), large doses do not readily cause death. Amyl nitrite has been swallowed by the dessert-spoonful, recovery occurring. The only fatal case known to the writer was one of phthisis, where death followed the inhalation of seven drachms.

The effect is so evanescent that the dose must be speedily repeated. There is no cumulation.

Their special indication is the want of harmony between an embarrassed heart and the caliber of the arteries.

Angina pectoris is the most conspicuous ailment of this class. Amyl nitrite, propyl and isobutyl, lessen the tension and relieve the cramp-like pain in a few

seconds, nitro-glycerine less rapidly, and sodium nitrate in two to five minutes. Purer samples than those usually dispensed would be desirable.

Failure may be due to :

1. The paroxysm being due to local, reflex or hysteric neuralgia, the circulation having little to do with it, when the nitrite will do no harm, but will fail to relieve.

2. The effect may be too evanescent to relax the tension; the relief is incomplete and the contraction returns.

3. Some persons are curiously insusceptible to amyl, and require much larger doses.

4. In advanced cases with prolonged paroxysms, amyl may lose its curative powers.

In all these cases, nitro-glycerine should be substituted. Murrell gave it up to 110 minims of the solution ($1\frac{1}{10}$ grains of the drug) eight times daily. Leech believes death has been caused by morphine, injected to relieve angina, and that in some cases life could have been saved by a freer use of the nitrates. Nitro-glycerine is as useful in preventing attacks as in relieving them; a sufficient dose being given a few minutes before any exertion known to cause the paroxysm. Towards the end, when the paroxysm cannot be prevented, coming without apparent cause, nitro-glycerine is still, in large doses, our best means to relieve suffering. It is so quickly absorbed that the hypodermic use is only required in emergencies. If it cause headache, the sodium nitrite should be substituted, beginning with doses of two grains; or ethyl nitrate, a two and a half per cent. solution in absolute alcohol, may be given in doses of one or two drachms. Water can only be added at the time it is taken, as the ethyl escapes rapidly. The effect of ethyl nitrate in reducing tension lasts

longer than that of the nitrite, and is preferred by some patients. The dose is three to six minims. All these agents are valueless as curative, their function being to relieve paroxysms. Arsenic and potassium iodide are the leading curative drugs.

For dyspnea, cardiac or pulmonary, the nitrites are of value. If cardiac failure be impending, large doses may do harm; but in small quantities (one to two drops of nitro-glycerine, one to two drachms of the two-and-a-half per cent. solution of ethyl nitrite, or two grains of sodium nitrite), they favor this organ powerfully, dilating the vessels and scarcely depressing the heart. The nitrites may be cautiously increased, without thus adding to the danger. If no relief and no head-throbbing or palpitation occur, repeat the dose in half an hour. Weak or irregular heart-action does not contra-indicate. People with very dilated hearts take nitro-glycerine with benefit, for months. If pulmonary cedema be superadded or bronchitis, the nitrites generally fail, but not always. Partial relief is common enough to warrant their trial.

In valvular dyspnea the nitrites are sometimes of great service, but often fail if there are moist rales at the base of the lungs. They are most useful in mitral cases, but aortic incompetence is no bar to small doses if respiration labor. Altogether there is no better routine remedy for cardiac dyspnea.

For the permanent short breath of cardiac cases, the nitrites are less useful. The tension cannot be kept down persistently by them, as by continuance their power is lessened, and large doses may produce methæmoglobin. Still, occasional small doses may give great relief.

For stout persons, just past middle life, with some fatty change of the heart, and discomfort on any exertion, with

dyspnea from slight causes, the nitrites relieve the attacks and give comfort when taken regularly. Even in advanced fatty changes, small doses relieve and prevent paroxysms.

For syncope and cardiac failure, amyl nitrite has often been given, never with harm, but often with benefit. Nitro-glycerine has been given in syncope and collapse, and when a patient was pulseless an injection of a one per cent. solution proved beneficial. If syncope is ever due to arterial spasm these agents would be of service. The initial action of small doses is probably stimulant; but as syncope is due to cerebral anæmia, when this is caused by arterial dilatation and low tension, the nitrites might be gravely dangerous. But if sufficient blood is not driven to the brain, from cardiac weakness, the nitrites may be useful directly by their influence on this organ and indirectly by dilating the vessels and thus relieving the heart. Since no bad effect has yet been recorded from the nitrites in syncope, and their use has been advantageous in many cases, the employment of small doses seems well justified. It is evident that Dr. Leech finds considerable difficulty in reconciling the physiological effects with the results of clinical observation in this case. The nitrites ought to be harmful in syncope, but all recorded experience goes to show the contrary.

For pulmonary dyspnea, asthma and bronchitis, the nitrites relieve the paroxysms completely; but the rhonchi return soon, though not always. The effects of amyl are less prolonged than those of the other members of this group. If abundant moist sounds are present, they are of little service. But in dyspnea with bronchitis, and abundant sibilant and sonorous rales, amelioration is the rule. The spirit of nitrous ether would be of equal service, were it not subject to rapid deterioration from

evaporation. Headache is more frequent after nitro-glycerine. The nitrites are not curative for bronchitis; they simply stop the dyspnea, and possibly relieve the right heart. In uremic dyspnea, the nitrites often fail. They are well borne in large doses, but their good effects are transitory. The toxins may neutralize the effects of the nitrite molecule, as barium does outside the body. To relieve the headache, heaviness and dyspnea, dependent on high arterial tension, the nitrites are often of great service; especially when cardiac dilatation has commenced. Here the doses must be large, though small at first.

Filehne noted that amyl nitrite removed Cheyne-Stokes respiration, but Gibson found that it failed in some cases.

Headache will sometimes be relieved and migraine cut short by the nitrites, but the failures exceed the successes. Nitro-glycerine is most effective. The dose to begin with should always be small, half a drop of the centesimal solution, increased to a drop in half an hour.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

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1725 ARCH STREET, Philadelphia, Pa.

PLACENTA PREVIA.

I NOTICE a case in the *Brief*, reported by a physician, who says that when he arrived the hemorrhage had almost ceased and the pains also. He advised a tampon and waiting for dilatation, at that time but slightly progressed. The tampon was applied and the hemorrhage checked, the pains also ceasing. Next morning he gave ergot in twenty-drop

doses. After the third dose, pains set in and with them the hemorrhage. The tampon was removed, the doctor introduced his hand into the vagina and loosened the placenta, the case being then left to Nature. The child was born dead.

Would it not have been better, after using the tampon, to turn and deliver? Would it not have been as safe to the mother, and have given the child a chance for its life? Was it best to use ergot to bring on the pains? Is it not Nature instead of ergot that caused the pains? Was the tearing loose the placenta not the cause of the child's death? Has any doctor a right to cause the death of a child when there is a chance of saving both? Is it best to give ergot in any case? I do not believe it is best, or even safe, in any case.

Z. R. MILLARD, M. D.

[The tampon was not properly applied, or the hemorrhage would not have recurred. Once applied, it should have been removed and re-applied, with strict antiseptics, every eight hours, until the os was fully dilated; when the course would depend on the conditions present. I have left the tampon until the child's head forced it out, having passed through the placenta, and then rapidly delivered with forceps, saving mother and child.

The use of ergot before the os was dilated was a mistake. In fact, I would not have used it at all, although many physicians would have done so, when the os was dilated and no obstacle to speedy delivery presented. Ergot will usually strengthen and prolong pains already commenced, but it increases the child's danger. I do not see why the placenta was loosened when the labor had not yet progressed farther. Such a step should only have been taken as a preliminary to the quickest extraction of the child, as it thereby was deprived of its blood supply, and would be drained through the placental vessels. To loosen the placenta and leave the case to Nature was to deprive the child of its only chance of living. Even with the utmost haste and good luck in delivery, when the placenta has been detached, the child has a bare possibility of living.—W. F. W.]

ORIGINALITY OF MEDICAL KNOWLEDGE.—PROGRESS AND WORLD-MENDERS.—IS THE DOCTOR INTERESTED IN PUBLIC AFFAIRS?

BY your very kind invitation I will stray a little while from my accustomed fields and pastures and enjoy a brief visit with your pleasant household,

renewing the associations with your readers which I enjoyed so much a year ago.

First I want to relate an instance of one of the triumphs of modern medicine. On last Saturday night I was requested to see a child, aged nineteen months, which presented a perfect typical picture of cholera infantum. A bright, handsome, well-nourished boy in health, he was now shriveled and old-looking, from his ten hours of agonizing suffering and from the frightful loss through the characteristic discharges of this disease. Apparently he had but a few hours to live. I at once gave, in the form of dosimetric preparations, thorough intestinal antiseptics. I gave every fifteen minutes a tablet containing sulpho-carbolate of zinc, $\frac{1}{4}$ grain, sub-nitrate of bismuth, $\frac{1}{2}$ grain, and pepsin, $\frac{1}{67}$ grain, and at the same time a granule, in addition, of sulpho-carbolate of zinc, $\frac{1}{6}$ grain. I ordered to be given, *after every choleraic passage*, a thorough irrigation of the colon by means of a copious enema, rendered antiseptic by a compound thymoline tablet, containing the above mentioned zinc salt combined with other excellent antiseptics. I allowed the patient to freely assuage his raging thirst with cold water, made quite acid with lemon juice. The patient began improving.

I also dissolved a granule containing $\frac{1}{20}$ grain of sulphate of morphine and $\frac{1}{500}$ grain of sulphate of atropine in twelve teaspoonfuls of water and ordered a teaspoonful every hour for the nervous erethism and to restore the peripheral circulation, not more than three doses to be given within a very short time. By five o'clock in the morning the choleraic symptoms had subsided—vomiting and purging completely checked—and the little one was quietly sleeping, with the returning color in its lips, and the natural warmth of health in the hands and feet, which before were cold and shriveled. A good feeding of white of egg beaten up in cold water, salted to taste, when the patient awoke, with directions to renew the treatment at once if there should appear symptoms of a fresh out-break, completed the treatment. Within twenty-four hours from the time treatment was commenced, the little one was playing with his toys and could with difficul-

ty be restrained from running around. The cure has remained permanent.

My object in writing this is only to call attention to the fact that we owe everything to others in this great science of medicine. *Not one thing* in the above plan of treatment was original with myself. The idea of administering antiseptics in this disease I first learned from Prof. Waugh, as also the particular formula (zinc, bismuth and pepsin) used here; and the white of egg mixture as the best food in cholera infantum. The idea of antiseptic enemas I learned some years ago, by adapting to this disease a practice used in intestinal fluxes in adults. I find chloral and sulphate of zinc useful for this purpose. The free administration of cold water was learned from Dr. Hendrix, of St. Louis, and the use of acid in it was caught from Hayem, of Paris, who, I believe, first recommended lactic acid as a cure for cholera infantum, although any other acid does. The morphine and atropine comes from Prof. Larrabee, of Louisville, who, however, uses them hypodermically, about as well.

Now doesn't this take the conceit out of one? Doesn't it show him how easily the world could get along without him?

The conscientious physician must acknowledge that, however perfect his knowledge of medical science may be, he owes it all to the researches, investigations and discoveries of the great masters who have preceded him in the study and to his contemporaneous comrades in practice.

This will be realized more fully when we think that among the upwards of one hundred thousand practising physicians of this country the really valuable new facts, that are learned and recorded annually, are very few indeed. Fortunately is the one who, at the close of life, can point to one generally accepted useful fact which he has worked out by himself. Of a hypothetical ten thousand medical truths which may constitute the stock of knowledge of a given practising physician, it is more than probable that he has obtained between nine thousand nine hundred and ninety and ten thousand and from others. Then what a great obligation rests upon each practitioner to make known as far and wide as possible any valuable point which he may think

he has discovered, and thus in return, to add something to the common stock of medical knowledge from which all may draw. It is this socialistic spirit which mainly distinguishes the practice of ethical medicine from that of quackery.

In the *Boston Medical and Surgical Journal* I find the following passage on Political Insanity:—"In the new edition of his book on forensic psychopathology Professor Von Krafft-Ebing has added a new chapter on 'political insanity,' from which the following is taken: 'In history and in our own time one comes upon large numbers of people who, discontented with social arrangements, feel called upon to better the world. There are innumerable such pseudo geniuses in society, both in the harmless province of important inventions, and proposals for the public good, which prove in the light of criticism to be mere vain desires or Utopias. The clinical marks of these abnormally constituted persons are infinitely various. In many the mental endowment is weak and their intellectual productions bear the stamp of crazy eccentricity, which clearly distinguishes them from those of genius. Many such remain all their lives in the stage of abnormal world-menders and pot-house politicians, but from the suggestions of others or the influence of excited times, they are apt to lose the remnant of their discretion. Then they feel impelled to convert their ideas into action. They appear in the role of tribunes of the people, leaders of rebellions, founders of sects or political parties and plunge themselves and others into misfortune.'"

I quote the above only to condemn it. The man who writes such thoughtless and unmeaning drivel would hold the world in the embrace of corruption and barbarism forever, if he could have his way. We can show no rational excuse for our having lived if we leave this world no better than we found it; if we have done nothing to advance the race in its progress towards a higher ideal, a nobler life, a clearer light. All this is not accomplished without the active agency of men of clearer vision and bolder courage than their fellows, to see the error and to dare to advocate the remedy.

All scientific progress, all religious

toleration, all political freedom has been won by such men, contemptuously termed "world-menders." Had it not been for such men in the advancement of medical science Prof. Von Krafft-Ebing and the profession for which he stands would be shaking magic rattles and howling pow-wows. About all the important facts in the history of medical science can be found in the biographies of men who, during their lives, were stigmatized and persecuted, as cranks and heretics, and whose discoveries were denounced as crazy, sacrilegious or dangerous.

Without the Patrick Henrys, there can be no Washingtons. Yet, while we are frank enough to admit that the so-called "conservative" element in the world was wrong in the past, in resisting the genius of progress, it is wonderfully strange that we have not learned the lesson of tolerance from such past experience; strange that we will still continue to set the limitations of spiritual, scientific and political progress. and say to the restless spirits of our own age, thus far all right—but *no farther*; strange that the Von Krafft-Ebing of all departments of human activity, whose total service to humanity consists solely in giving a new grouping or classification to a few of the original treasures brought from the limitless mine of Divine Truth by these same discontented explorers, should cast stones at the very class upon whom they depend for all the real knowledge and freedom they possess; strange that respectable society in general, while acknowledging the divine mission of those whose truths have fully prevailed, should yet persecute with ostracism, calumny and ridicule, the La Salles, Marxes and Bellamys of the period through which we are now passing; strange, indeed, that humanity will still go on crucifying its saviours. O, what a blessed thing it must be to be a crank—a world-mender! To have a clearer sight than common humanity, even though they do scorn his message, and stone him! To plant the seed of truth even though the maturing fruit be long, long delayed, and he must wait a hundred or thousand years for some wiser generation to say "yes; and he *was* right after all."

But what has this to do with the practice of medicine? Reader, be careful;

are you, to-day, throwing stones at some world-mender, or sitting at the feet of those who do? The world needs lots of mending. Let each one fearlessly do his part according to the best light he has.

An event of great importance to doctors is about to take place in Washington, the consideration of the financial affairs of our country. Every doctor is interested in the right settlement of that question, as every merchant is, every farmer, every citizen. The medical men of our country, unlike those of European countries, hold themselves too much aloof from matters which affect their welfare as citizens. The best interests of the country require that men of trained, scientific minds give some attention to questions of the public welfare.

Physicians, not belonging to the speculative class, but honestly earning every dollar they get, are particularly interested in securing for use throughout the country a circulating medium that should be solid as a rock, not varying in value from year to year. This can never be secured by establishing any metal or other commodity as a basis. That being the incontrovertible teaching of all history, particularly emphasized by our present serious predicament, gold should be at once demonetized as silver has already been. These have both ever proven to be the most uncertain and "dishonest" dollars, shifting and changing in value, not only from year to year, but even from day to day. Put them both back to their normal condition as mere articles of merchandise bullion. Only savage nations need them for money.

Then let our representatives proceed to give us the currency of civilization, a conservative, stable currency, based upon the reciprocal obligations of the government and its citizens, a full legal tender throughout all transactions, which will increase in volume naturally with the growth of the country and the consequent demands of business. This is the money that honest men want. No danger of its ever being dishonored.

Just this kind of money stood at 2.86 even in the markets of Europe when gold was only 2.85. It will always be better than gold or silver, and will be stable, which they are not. "But what is this to me?" says the doctor. Well,

doctor how are your collections just now? The doctor's interests are bound up in those of the common people, whom he serves. When they are prosperous he and his family share in the general prosperity. When they are swindled out of their honest earnings or deprived of the opportunity to earn, he must suffer his portion of their loss.

After giving us this "people's" currency, our law-makers should give us a thorough system of postal savings banks for deposit and then adjourn. The present system of private banks has shown itself, time and again, good only in fair weather, but worse than none at all in the face of even the slightest storm. The postal savings-bank is a well established and *always* reliable institution in several countries even now.

"But," says the doctor, "what have we to do with postal savings-banks? What has that to do with medicine?" Doctor, if you have not lost by a failing bank this year have you no patrons who have? And how are your collections with those patrons? Truly the doctor *is* interested in public affairs. He should let his congressman know it, too.

J. J. TAYLOR.

1520 CHESTNUT ST., PHILA.

CYSTITIS.

I ENCLOSE three dollars for subscription to the TIMES AND REGISTER for 1893. The TIMES AND REGISTER is, I consider, the best medical journal in America for the busy practitioner.

I would like to inquire in regard to a case of cystitis I have been treating.

Mr. J. D., aged 73 years, had a violent attack of nephritic colic, lasting about twenty hours, with subsequent cystitis and enlarged prostate, necessitating the daily use of the catheter. He was put on a treatment of lithiated hydrangea and sanmetto. After two weeks' treatment, he had a severe chill, followed by a temperature of 105 $\frac{1}{2}$ ° F. The catheter was introduced, No. 9, and on inspection of urine there was found in the same two rolls of mucus or "striffin" that had nearly the exact appearance of earthworms, even to one end being flattened resembling the head. What were they? Could they have been casts of the ureters? After these were passed the

fever declined and the case went on to recovery.

LOUIS P. DAWSON.

[The vermicular bodies were casts of the ureters. They should have been examined microscopically to see if epithelium from the ureters were not present on the surface. Three points present themselves:

The cystitis following nephritic colic indicates a calculus or other irritating body passing from the kidney to the bladder. Is it still there?

Does the cystitis continue or has it ceased?

Have the ureteral casts been reproduced?

—W. F. W.]

BEDFORD SPRINGS.

LAST summer you gave us some information as to how these waters should be taken and what cases to send to the Springs. I sent a young girl there whose lungs were weak, and the disease progressed rapidly.

Please inform us what cases should not be sent to this resort. As you yourself spent the summer there, you have doubtless noted the contra-indications, and your verdict will carry weight that cannot be credited to the statements of interested parties like the proprietors.

G. B. S.

[The Springs Hotel is located in a valley between two mountains, where there is a constant deposition of moisture from the atmosphere, whenever the sun sets. It is impossible to step off the gravel walks after sunset without wetting the feet, and in the mornings the fogs are dense. This renders the location unsuitable for patients with lung diseases, rheumatism, neuralgia or catarrhal affections. Consumptives should keep away entirely. Rheumatic individuals may arrange for an attack if they go to Bedford. Neuralgias, dysmenorrhœas, acute catarrhal affections of all sorts, are very common among the guests. The best cases for Bedford are those with gout, plethora, catarrh of the stomach, hepatic diseases and diabetes. Kidney affections are as a rule benefited by the water, but the residence at the Springs is dangerous to them. Glandular affections, eczema and scrofula are like the kidney diseases; better for the water, but worse for the air of Bedford.—W. F. W.]

NEURITIS AND SWEATING FOLLOWING THE MENOPAUSE.

SEEING so many suggestions of yours in medical journals, permit me to submit the following case, that of my wife: æt 49 years, menstruation ceased three years ago; has been troubled with nocturnal neuralgia, pains shooting down the arms, producing numbness of the

hands during the day, for the past year. However during the last six months this has been supplemented by profuse sweatings every ten minutes, saturating her clothing constantly, almost preventing her going around, and making her very miserable. Fifteen years ago she weighed 215 lbs.; within the last few years her weight has been reduced to 150 lbs. She is well in other respects. Has, under the use of quinine, iron and arsenic, a good appetite. I have tried atropine, acids, bismuth, baths, etc., without avail. What have you found beneficial in extreme cases of this kind? I. H. B.

[Coming immediately after the change of life, the symptoms may be purely neurotic in their origin. In that case, strychnine, aromatic sulphuric acid and tincture of iron in full doses, with cold sage tea as a beverage, sponging with diluted vinegar and a good nutritious diet, may give relief. If not, it would be well to institute a search for some organic disease that may be sapping the strength; the heart, kidneys and lungs being passed in review, and cancer of the breast, uterus, liver or pancreas searched for. Counter irritation over the cervical spine may relieve the symptoms of neuritis.

—W. F. W.]

The Medical Digest.

THE GENERAL THERAPEUTIC ACTION OF STRYCHNINE IN DISEASES OF THE RESPIRATORY ORGANS.

There are very few drugs in the *materia medica* the beneficial effects of which manifest themselves more quickly and more promptly in pulmonary diseases than those of strychnine. One of its earliest ameliorating influences is seen in the lessened amount of cough and expectoration. Another is the relief which it affords to difficult breathing and in quieting the nervous restlessness.

There is also a reduction in the accelerated pulse-rate. The alleviation of these symptoms is especially pronounced in those who suffer from chronic bronchitis or asthma. At the same time the patient has a desire for more food, and begins to increase in weight and gain in strength. This tendency to put on flesh seems to be one of the peculiar attributes of strychnine. Thus, I have observed that the hypodermatic administration of this drug daily, in doses of $\frac{1}{4}$ of a grain, other conditions remaining the same,

added five pounds in the course of eight days to the weight of a patient suffering from angina pectoris. I have seen the same improvement in other diseases in which this agent was given by the mouth. This power on the part of strychnine to augment bodily weight is really a very important one, inasmuch as it demonstrates that drugs which are exclusively stimulant in their action are also constructive agents in an indirect sense, although, unlike food, they contribute no material whereby the bodily tissues are built up. They act very much like the spur or the whip does on a lazy horse. They enhance molecular or vital activity, and in doing this they cause the tissue-cells to assimilate and to appropriate an increased amount of reserve material.

The amount of strychnine which is given is of more importance than the mere giving of the drug itself. I have long been convinced that in the great majority of diseases strychnine is inert, on account of the diminutiveness of the dose in which it is commonly administered, and that to secure the greatest and best possible advantage, it is necessary to push it to the point of therapeutic tolerance. From this it is not to be inferred that the patient should be exposed to the risk of strychnine-poisoning, but that the constitution should be slowly impressed with the influence of the drug until there is developed a heightened reflex irritability and general restlessness, or until brilliant light or loud sounds produce a painful sensation in the eyes and ears, or until diarrhea occurs. When these symptoms begin to show themselves the quantity of the drug must be reduced, either by diminishing the dose or by giving the dose which was previously given at longer intervals. The same dose which develops toxic symptoms at one time may, however, subsequently be given with perfect impunity—showing that instead of being cumulative, as it is generally supposed to be, it establishes a tolerance for itself.

So far as my experience goes, the best results are obtained from strychnine by beginning with doses of $\frac{1}{32}$ of a grain four times a day, and although this may seem to be a large amount to start with, practically it is well borne in most cases.

Indeed, it seems as if most of those who are suffering from asthma, bronchitis, and kindred diseases, bear larger doses of this drug than those who suffer from other general affections. After finding that this dose agrees, I give it for two weeks, and then begin to increase it $\frac{1}{8}$ of a grain each week, until the patient begins to manifest some physiologic disturbance due to its action. In some cases this does not occur until $\frac{1}{4}$ or $\frac{1}{6}$ of a grain, or even a larger dose is given, four times a day. My usual way of administering strychnine in pulmonary diseases is to combine it with the following drugs, which I believe have the power of enhancing its action and of meeting some collateral indications in these cases.

R	Phenacetini	}	. . . aa gr. xxxij
	Acetanilidi		
	Quininae sulph.		
	Pulv. capsici		
	Ammon. chlorid		3j
	Strychninae sulph.		gr. j
	Atropinae sulph.		gr. $\frac{1}{15}$

M Ft. capsules no. xxxij

Sig.—One capsule four times a day.

This combination may be modified. If there is much fever the doses of phenacetin and acetanilid may be doubled or trebled, and in case of marked sweating the atropine may also be increased. In pulmonary diseases brought on by the abuse of alcohol the dose of capsicum may be largely augmented with benefit.

The special application of strychnine to individual pulmonary diseases will now be considered in the following order: (1) asthma; (2) bronchitis; (3) emphysema; (4) croupous pneumonia; and (5) pulmonary consumption.

ASTHMA.

In the treatment of asthma it is advisable to begin with $\frac{1}{30}$ of a grain hypodermatically, and on account of the nocturnal nature of the disease, if possible, give the injection in the evening, so that its influence may fully extend to the time of the attack. In addition to this, give from $\frac{1}{32}$ to $\frac{1}{30}$ of a grain of the same drug four times a day in connection with the phenacetin, etc., in the aforementioned capsules, or the same dose may be administered with half a dram each of syrup of hydriodic acid and syrup of the hypophosphites, four

times a day. Increase the dose of strychnine gradually, both in the hypodermatic injections and in its administration by the mouth. As much as $\frac{1}{20}$ of a grain is easily borne by most asthmatics, and the injections should be repeated every, or every other, evening until the attacks disappear. If the attack is very stubborn, and the patient has lost a great deal of rest, add $\frac{1}{20}$ of a grain of morphine to the first few evening injections. Due attention must of course be given to food, diathesis, state of the excretions, rest, well-regulated exercise, etc., in all cases of this kind.

CHRONIC BRONCHITIS

In this disease strychnine is strongly indicated and always used with advantage. This holds as well in that form which is idiopathic or primary as it does in that which is secondary to some cardiac disorder. As a rule, there is less urgency for relief in this disease than there is in asthma, and hence the hypodermatic administration of strychnine is less imperative. In the primary form in adults, commence the treatment by giving $\frac{1}{32}$ of a grain four times a day with syrup of the hypophosphites and syrup of hydriodic acid, and slowly increase to $\frac{1}{20}$ to $\frac{1}{16}$ of a grain. In cardiac or secondary bronchitis five drops of the tincture of digitalis may be added to each dose of strychnine. This is not essential, however, for cardiac bronchitis, especially when associated with irregularity of the heart's action, will do remarkably well under the strychnine and syrups alone. Of course it is always of the greatest importance to unload the portal circulation by free catharsis with calomel at the very outset. When the expectoration is profuse, combine the strychnine with phenacetin, quinine, atropine, capsicum and ammonia chlorid. In the chronic bronchitis of children more than eight years old, begin with $\frac{1}{40}$ of a grain of strychnine with the syrups, three times a day, and gradually increase to $\frac{1}{32}$ of a grain at the same intervals. In children it is especially advisable to apply a weak liniment composed of croton oil and sweet oil, one part of the former to five parts of the latter, well rubbed in the chest, morning and evening, until a crop of fine pustules is produced.

EMPHYSEMA.

This disease is usually secondary to asthma, chronic bronchitis, pneumonia, or phthisis, and consists of a more or less permanent dilatation of the pulmonary air-cells on account of a loss of contractility or elasticity of the walls of these structures. Although we know nothing of the distribution of nerve-fibers to the vesicular parts of the lungs, or whether strychnine has the power of contracting or of giving tone to the distended vesicles, it is quite certain that this agent has a wonderful ameliorating influence on his morbid condition—perhaps more by relieving the concomitant bronchitis, by fortifying the parts less seriously implicated and by increasing the constitutional vigor, than by any direct action. In the beginning of the treatment $\frac{1}{32}$ of a grain should be given to adults four times a day, and this should be progressively increased until a decided impression is made on the patient. If the dyspnea is very pronounced, this dose may be reinforced by an injection of $\frac{1}{30}$ of a grain of the same drug daily or every other day.

CROUPOUS PNEUMONIA.

The employment of strychnine in large doses in the treatment of croupous pneumonia is, so far as I know, chiefly owing to the clinical researches of Dr. Brunton, which, if I remember rightly, were published in the *British Medical Journal* about eighteen months ago. At any rate, his experience led me to test it, and I can fully confirm his favorable opinion of its action. My method of administering this drug in croupous pneumonia is as follows: Immediately after seeing an adult case, I give $\frac{1}{30}$ of a grain hypodermatically and $\frac{1}{30}$ of a grain by the mouth, alternately every three hours.

The hypodermatic injections, together with the internal administration, are continued until decided restlessness begins to be shown by the patient, which usually occurs on the fourth or fifth day of the treatment. In some cases this appears earlier. Old alcoholics, who suffer from this disease bear even larger doses with great benefit. It is worthy of remark, too, that strychnine has a sedative influence on the restlessness, delirium, picking at the bed-clothing, etc.,

which are caused by the disease. Care must, therefore, be exercised so that these symptoms are not mistaken for the toxic action of the drug. Strychnine, in connection with the external application of ice in rubber bags, and nutritious food, has given me most unexceptionable results in the treatment of croupous pneumonia, for a record of which I beg to refer to my two communications on this subject, which were published in *The Medical News* for September 24, 1892, and January 21, 1893. Since that time I have adopted the method in other cases, and have collected quite a number of cases from other practitioners who have been kind enough to test it, all of which I shall prepare for publication at an early day. Strychnine is also very serviceable during convalescence from pneumonia, in combination with the syrup of hypophosphites and syrup of hydriodic acid, as follows :

R Strychninæ sulph. gr. 1 or 1½
 Syr. acidi hydriodici } . . aa f 3 ij.
 Syr. hypophosphit. }
 M. Sig.—One teaspoonful four times daily.

PULMONARY PHTHISIS.

Strychnine is no less valuable in phthisis than it is in any of the diseases in which its action has been discussed this evening, although its effects may be less apparent because it is given in a disease which is essentially chronic in its nature and is less impressible than are acute or functional diseases. Nevertheless I regard it as an indispensable agent in the treatment of this affection, and almost invariably administer $\frac{1}{32}$ of a grain at the outset in combination with phenacetin, acetanilid; etc., and, as has already been stated, after the first two weeks increase the dose gradually until the limit of its physiological action is reached. The quantity of the other ingredients in the capsule remains about the same except in the case of phenacetin and acetanilid, which are increased or diminished according to the degree of fever present. I may as well say that these two agents are not used here for the sole purpose of subduing the abnormal temperature, but I regard them as most useful supporting agents to the

nervous system, and as being capable of enhancing the action of strychnine. I administer them therefore, when fever is absent, although, as already intimated, in smaller doses than when fever is present. Hence, at the end of a course of three months' treatment of a case of phthisis, with fever of about 100° or 101° in the evening, the probable composition of the capsule will be the following:

R Phenacetini } aa 3jss
 Acetanilidi }
 Quininæ sulphat gr. xxxij
 Pulv. capsici. gr. v
 Ammon. chlorid 3j
 Strychninæ sulphat gr. ijss
 Atropinæ sulphat gr. ʒss.

M Ft. capsulas no. xxxij.

Sig.—One capsule four times daily.

If fever is practically absent at that period, then a grain each of phenacetin and acetanilid is given, but the quantity of strychnine, as indicated in the foregoing capsule, is maintained. Phenacetin and acetanilid are believed to be injurious when given continuously for a long time, but of this, so far as I am able to judge from gross appearances, I have seen no evidence, even after administering them in large doses to the same individual for a period extending over a year. The most marked influence which follows the administration of this combination in the way described is seen in the diminution of cough and expectoration, in the increase of appetite and strength. In cases of alcoholic phthisis it is necessary to give the strychnine in larger doses than in non-alcoholics, and also increase it progressively. These patients also tolerate inordinate doses of capsicum with great benefit.

In connection with this internal medication it is, of course, understood that in order to succeed it must go hand-in-hand with well-regulated rest, nutritious food, pneumatic and electric treatment, sun-baths, massage, etc. Pulmonary phthisis is a complex constitutional and local disease, the cure of which is not vested in the influence of a specific agent, but in the application of material and forces which tend to augment and enhance the vital resistance of the body to disease.—Mays, *Med. News*.

DOSIMETRIC GRANULE FOR CHOLERA AND CHOLERA INEANTUM.

Each granule contains

Sulpho carbolate of zinc . . .	gr. 1-40
Camphor monobromated . . .	gr. 1-40
Arsenite of copper . . .	gr. 1-5000
Morphine sulphate . . .	gr. 1-1000
Atropine sulphate . . .	gr. 1-10000
Aconitine . . .	gr. 1-5000

Dose for infants: One granule every ten minutes in very hot water, until symptoms begin to abate, then every half hour.

For adults: From five to ten granules repeated as above.

Irrigate the colon with hot antiseptic solution, comp. thymoline tablet preferred. Allow drinks of *hot* or *cold* acidulated water, lactic, phosphoric or sulphuric acid, or clam juice.

—J. J. Taylor.

CYSTITIS.

If the bladder walls are not cleansed thoroughly at each irrigation nothing can be expected from treatment.

In cystitis due to extension of the gonorrheal process from the urethra and where the inflammation is confined to the mucous membrane, I have had the best success from the following solutions :

R Hydrarg. chloridi corrosivi	gr. 1-10 to 1-6
Acidi borici	3 ii.
Zinci sulphat	gr. vi.
Aque destil.	3 viij.

Misce.

Sig. Heat to the body temperature and inject once daily.

If the bladder is irritable and the injection smarts for more than five or ten minutes, the sublimate should be reduced, and a small amount of cocaine should be added.

R Argenti nitratis	gr. 1-2 to i.
Aque destil	3 viij.

Misce.

Sig. Inject at the body temperature as before.

—D. J. Hayes, *N. A. Practitioner.*

STERILIZED MILK.

(1) When the heat rises above 165° F. the galactozymose or starch liquefying ferment is destroyed. (2) A portion of the lactalbumen is coagulated. (3) The casein after the action of prolonged heat is less readily coagulated by rennet and yields slowly and imperfectly to the action of pepsin and pancreatin. (4)

Fat is so affected by the heat that after the milk has stood for some time small lumps collect on the surface. (5) Milk sugar is completely destroyed by prolonged heating. From these experiments it would indicate that when milk is sterilized at this high temperature, it is not so readily digested as plain milk, but even this is regarded as better than milk swarming with bacteria. In order to obviate this change, which takes place in milk by prolonged heat, it is recommended that the milk be heated not longer than 15 minutes, and at a lower temperature than 165° F., but when fresh milk can be obtained it should not be sterilized.—*Leeds and Hiesland.*

RECTAL ULCERATION.

This short essay is not one replete with a mass of new developments, but one presented because the disease it discusses is a condition so often overlooked; yet there is no rectal trouble more amenable to treatment, properly applied. There are several forms of rectal ulceration, viz : Simple, tubercular, dysenteric, venereal, rodent, those due to stricture and sloughing. I shall not attempt to give a description of each ; but shall briefly consider some points in the ætiology, the study of which brings out a number of points of diagnostic value. As a rule ulceration is due to some traumatism; the most frequent perhaps is an injury done to the rectum by hardened fæces ; hence it at once becomes obvious that constipation plays an important part in the formation of rectal ulcers. Again, the ulceration may be caused by a fish bone or date stone which has been swallowed. Not infrequently it is a result of some surgical operation ; I have seen it follow the operation for hæmorrhoids by the injection method, in several instances. Recently I treated a severe case due to pressure of the rectum between the head of the fœtus and the sacrum during parturition. Rectal ulceration is not confined to any age, and is alike seen in both sexes. An ulcer may be painful at one time and painless at another, the pain usually increasing as the ulcer encroaches more and more upon the anal margin ; while it becomes exceedingly painful when situated within the grasp of the ex-

ternal sphincter at the junction of the mucous membrane and skin. Any ulcer may become an irritable one, yet this term is usually applied to an ulcer situated within the grasp of the external sphincter. This must for the present suffice as an outline upon which to base our treatment. This I can best describe by reporting a few cases with their management.

Case I.—A. B., a young gentleman who gave the following history: had suffered for years from constipation, stools dry and hard, after an evacuation from the bowels he usually had a discharge of dirty looking pus follow, and was annoyed almost constantly from itching about the anus, but seldom suffered pain except just before and after stool, during which he at times discharged a considerable amount of blood. He had worried much of late over his condition, thinking that possibly his disease was of a cancerous nature. On examination a very large foul looking ulcer was located on the posterior surface of the rectum, about one inch above the external sphincter. Treatment: the ulcer was excised by making elliptical incisions, the two edges were then brought together and sutured with catgut and gauze dressings applied. He was then put to bed and fluid diet ordered, and the bowels tied up with opium for five days, when the dressings were removed and the wound found to be perfectly healed. He was kept quiet for a few days longer, when he was discharged from the hospital. Several months later he informed me that he had not had any further trouble with his rectum.

Case II.—Mr. B. male, aged 51, had been suffering pain about the anus, especially during stool, for several months. Examination revealed the presence of an irritable ulcer about the size of the finger nail, situated just within the grasp of the external sphincter. Treatment: chloroform was given and the sphincter thoroughly paralyzed; two incisions were then made through the superficial layers of the muscles to insure complete rest. On the third day the bowels acted nicely, and from that time on the treatment consisted in simple cleanliness and rest in the recumbent position, with semi-solid diet until he recovered; which required two weeks.

Case III.—C. D., female, age 24, history of syphilis: examination revealed several large ulcers extending from the margin of the anus to the upper margin of the internal sphincter. Treatment: this consisted in the scraping of all the ulcerated area with a dull curette, the surface of each was then brushed over with a solution of silver nitrate grs. 20, to the ounce; the after treatment consisted in correcting the errors in diet and the semi-weekly applications of the silver solution, together with the ordinary specific treatment. In this case it required six weeks to effect a cure of the local trouble.

Case IV.—E. F., lady, 30 years old, history in brief; she had suffered from chronic diarrhœa for nearly four years, and could obtain no relief. Having made it a rule for some time past to examine the rectum in case of diarrhœa of more than six weeks' standing, I did so in her case and found a number of small irritable looking ulcers situated on the anterior walls of the rectum. I at once advised an operation, to which she would not consent, for she had never heard of such a thing for the cure of diarrhœa. I then informed her that I could possibly relieve her without an operation, but that it would take a much longer time, and she finally consented to try the treatment; which consisted in daily flushings of the rectum with carbolized water, after which the rectum was mopped out with the balsam of Peru. Under this treatment the movements became fewer and fewer until the bowels only moved naturally once a day. This patient was under my treatment as nearly as I can remember about three months. I had the pleasure of seeing her a few days since, and I feel confident she is one of the most grateful patients that I have ever treated.

In closing this short report I desire to say that I have treated a very large number of these cases during the past two years; and the results have been most gratifying to the patients, as well as to myself.—Gant, in *Lanphear's Index*.

OBESITY AND MEAT DIET

Savill (*Lancet*) treated a man, 68 years old, weighing 324½ lbs. He could not walk, had gout, senile hip disease and a

suspicion of Bright's disease. He was put on a diet of one pound each of cooked fish and lean meat daily, with a pint of hot water every two hours. Nothing else was allowed. He drank five to six pints of hot water daily. In seventy-four days his weight was reduced to 280½ pounds.

RECTAL SALINE ENEMA FOR MENORRHAGIA.

Nicholson (*Lancet*), for alarming hemorrhage following abortion, when other means failed, saved his patient's life, he believes, by injecting into the rectum a pint of warm water with a drachm of salt.

IODIDES BY WHOLESALE.

B. Merrill Ricketts (*Lancet-Clinic*) describes several cases in which he gave large doses of the iodides with benefit. In one case of syphilitic glossitis he gave 550 grains daily for six days, and then in gradually diminishing doses.

TONSILLAR CHANCRE.

Bulkley calls attention to the frequency of chancre of the tonsil; the crypts of which, often inflamed, offer a ready nidus for the lodgment of the poison. The chancre presents the same symptoms as in other localities, ulceration not being marked. Bulkley places importance upon the hardness, as found by palpation. The disease was acquired by using pipes cups or food with syphilitic persons, or by kissing.

CHLOROFORM POISONING.

Southmayd, *Pacific Med. Record*, records a case in which a man swallowed two ounces of chloroform with suicidal intent, but recovered.

ANTIPYRETICS.

Digitalis, from the fact of its now known inefficiency as a heart tonic and vaso-motor tonic where the temperature is high, cannot be relied upon where we wish such actions; it will, if continued, increase the condition present. Strychnine has proved of more service, but will not be needed as long or as often, if at all, if cold baths, douches and packs

are freely and properly used in fevers of a continued type.

The use of the chemical antipyretics would secure only temporary comfort in temporarily reducing the temperature, but the repetition of their use would depress the central nervous system, the vaso-motors and consequently all the organs that would be influenced by their depression, and they would but intensify the evils of the disease upon all the organs and their functions, while on the other hand cold properly used, while it may only temporarily reduce the temperature, will also arouse the depressed organs of the body without any deleterious results, but an actual benefit.

—W. H. Christie, *Omaha Clinic*.

TUBERCULIN.

This subject is still *avizandum*. Spiegeler read a long paper before the Medical Society at its last meeting, on his experiments with animals by injecting simple chemical bodies. He procured a quantity of Koch's lymph or tuberculin, and found by experiment that it agrees with its compound nature in its reaction on the vital organism. From this fact he can quite understand the different results or local disturbances obtained by different authors. Hebra obtained similar re-actions in lupus from the use of thiosinamin, Mosetig's leucin, etc. He thought Kaposi had correctly hinted that tuberculin contained some active agent which, when once admitted to the blood current, fiercely attacked the embryonic tissue, and thus produced an "involution."

His experiments were conducted with diophen, benzol, urea, lecithin, taurin, kadaverin, and several others of the amines on lupus tissue, all of which produced definite local changes without fever, and whose combined action agrees with tuberculin.

The ammoniacal derivatives act more violently than any of the others. The quantities of each were not so easily determined as, individually, large doses were required. He was convinced that the germs of inoculation made their way along the lymphatic ducts and infected distant parts. The sum of his results

was:—1st. There are a very large number of chemical bodies which have a similar action on the morbid tissues of the body as tuberculin. 2nd. These bodies all contain radicles whose combined action is the resulting phenomena. 3rd. These changes are always more pronounced on the embryonic structures than, on the older tissues.—*Med. Press.*

TUBERCULOUS ADENITIS.

M. Nélalon, in introducing the subject of the treatment of tuberculous adenitis, said that two years ago he referred incidentally to injections of camphorated naphthol as recommended by a provincial colleague, and since that time several cases have come under his notice in which the treatment had a great success. He treated three cases himself, and after a year the improvement was very satisfactory. There are certain cases where an operation would facilitate the cure of these glands, but on account of their situation sometimes an ugly cicatrix would result, and it is for that reason that the treatment by camphorated naphthol, although more tedious, should be preferred. An injection is made every two or three days.

M. Quenu said that he treated at the Dispensary a large number of children suffering from tuberculous glands of the neck, and tried several times the treatment recommended by his colleague, but he did not find that it was superior to any other appropriate treatment. An important distinction should be made between children and adults. In children these glands, as everyone knows, generally suppurate rapidly, and when opened and the pus evacuated get well very quickly. In adults, on the contrary, the tuberculous glands leave frequently a fistulous track, which is very difficult to close and very unsightly. He was in the habit of injecting a few drops of a solution of chloride of zinc into the centre of the ganglion where the gland was isolated and mobile, but when there were several he preferred introducing a small piece of the caustic through the fistula, and by this means hasten the absorption of the glandular mass.

M. Berger said that he had substituted injections of camphorated naphthol for

injections of ether and iodoform. He was well content with the treatment, especially in cases of cervical glands in young girls, as no cicatrix resulted from it.

M. Tuffier employed in these cases all kinds of injections, solutions of iodoform and ether, glycerine and iodoform, chloride of zinc, etc., without finding in them any special advantage. He thought the best treatment was extirpation of the ganglions and the administration of cod-liver oil, arsenic, iodide of potassium, etc. M. Lucas considered that a great many cases of suppurating glands can be cured without surgical interference. He had employed for some time injections of camphorated naphthol, but had abandoned it for iodoform suspended in glycerine or vaseline.—*Med. Press.*

THISTLE, of Toronto (*Canad. Pract.*), reports the case of a girl fourteen years old, with locomotor ataxy, following scarlet fever.

BICYCLE HEART.

Cantley (*Brit. Med. Jour.*) records a case of hypertrophy of the heart, with aortic insufficiency, attributed to overstrain in bicycling. It is possible, however, that the affection was congenital, and only showed itself when the patient, still weak from influenza, took up the exercise rather too energetically.

FOOT AND MOUTH DISEASE IN MAN.

Luke, of the Orange Free State (*Br. Med. Jour.*), describes several cases of foot-and-mouth disease communicated to man. It is manifested by pain in the mouth and throat, œdema of the gums, swelling of the tonsils and submaxillary glands, difficult deglutition, tongue red and swollen and later covered by a white membrane, with small pustules at the end and edges, small ulcers over the mouth, roof, floor, lips and gums. Some fever and malaise attends. The disease yields readily to chlorate of potassium, borax and honey, with iron and quinine internally.

MUCOUS COLITIS.

The pain was crampy, sudden, beginning in the pit of the stomach and de-

scending till felt mainly in the hypogastrium, when a diarrhœic movement would occur, and the pain begin to subside. Severe depression and nausea, never leading to vomiting, were even more annoying than the pain. Every four or five minutes the need to go to stool would be imperative, and after three or four free liquid—not flatulent or fermentative—stools the paroxysm would cease, having lasted about half an hour. Within an hour or so, she always felt brighter and better than before. There was never much tenesmus, but a tenderness over the lower abdomen, and, in the patient's own words, "the first two or three stools seemed to be just the food I had taken, and the last seemed as if the bowels themselves were coming away." The final movement consisted of glairy yellowish mucus, probably bile-stained, and many varying-sized shreds of whitish membrane, flattened or roundish, one-third to one-half an inch wide, and some four or even six inches long, not unlike pieces of pork rind floating in boiling soap, to use her own simile, or portions of dead round worm from a child. The attack occurred usually near the same hour each afternoon, sometimes at night, rarely in the morning. This would seem to indicate some dependency upon the state of exhaustion, nervous and muscular, which the patient reached in the later hours of the day. She could never associate it with meals or any irregularity of diet, but often noticed that exposure to cold would precipitate an attack. Sometimes for six or seven weeks she would have an attack at nearly the same hour every day, nutrition, of course, suffering severely. In the intervals of the diarrhœa she was constipated, and, as she says, "hardly ever had a natural movement."

Treatment. Though general treatment had frequently failed before, she showed prompt improvement when put upon an easily assimilable form of iron, one of the latter-day peptonates, with the active principles of cod-liver oil, in a menstruum of wine. She was given also, after each meal, one pancreatic pill (P. D. & Co.) with coating insoluble in stomach. After being under treatment for about two and a half months, she reports permanent recovery, intestinal digestion normal, and

her diet list extended to include any of the ordinary articles of food in good amount.—Fotheringham, *Canada Pract.*

EPIDEMIC DIARRHŒA.

Dr. Norman Walker, of Toronto, read a paper on "The Epidemiological Aspects of Outbreaks of Specific Diarrhœa." During the winter of 1892-93, he said, an epidemic of diarrhœa occurred in Toronto, the symptoms of which were of such a choleraic character that the name "cholerine" was applied to it. Inquiries were made concerning it by the Provincial Health Board, and it was shown that there had been at least 1,293 cases attended to by city doctors. From this it was believed that not less than 5,000 persons were attacked. All but three cases recovered. The chief symptoms were vomiting, nausea, increased temperature, cramps, pains located in the abdomen, with prostration and weakness. That polluted bay water caused this epidemic, the Doctor said was quite certain. In some cases evidence had been secured showing that the trouble ceased when the people began to boil the water. Very few cases of this kind occurred outside the city. Reference was made to records of like epidemics elsewhere, to show that it was traceable to the water.

—*Dominion Med. Monthly.*

CONTRACTION OF FINGERS RELIEVED BY TENDON SPLICING,

Violet D., aged 9, was admitted to the hospital with the flexor tendons of the thumb and fingers of the right hand very much contracted. The history of the case, as obtained from the child's mother was as follows: Nine months previous to her admission to the hospital she sustained a fracture of the elbow joint. In the dressing of the fracture a pad was used on the anterior part of the fore-arm, causing a deep slough, the granulating surface left after the removal of which was three months in healing. The splint was then removed, and the child has not since been able to straighten her fingers. The mother consulted several surgeons, the most of whom advised a resection of a portion of the bones of the fore-arm. Dr. Ashhurst advised, instead

of shortening the bones, lengthening the tendons after the manner suggested by Sporon, Rhoads, Lange, Anderson and Keen.

Operation.—The tendons were thoroughly exposed above the wrist by an incision directly over them. Then each tendon was split in the centre longitudinally for about three inches, opposite halves of the tendons being cut at the ends of this incision. The fingers were now straightened and the ends of the divided tendon were sutured together with chromicized catgut. All the flexor tendons of the fingers were thus treated. After the wound was closed and dressed, a straight palmar splint, reaching from below the elbow to beyond the tips of the fingers, was applied. As soon as the wound healed the splint was removed during the day, though still retained at night. Passive motion was now practised in the fingers and wrist, and the patient encouraged to use the hand as much as possible. Three months after the operation the patient was seen, and though the hand was still weak the position of the fingers was good and the strength rapidly increasing.

—Ashhurst, *Univ. Med. Mag.*

TREATMENT OF OBESITY BY DIET.

FOR AN EXTREME CASE.

First Period, Fourteen Days.

Breakfast.—Tea or coffee, with saccharin, if desired, in lieu of sugar; bread or biscuits made from soya bean, two ounces; grilled white fish or red meat, kidneys.

Lunch.—Cut from joint of beef or mutton, taking no fat, and one helping of green vegetables, avoiding only peas, beans, and all roots; soya bread or biscuit, one ounce.

Dinner.—Clear soup, white fish, red meat, green vegetables, as at lunch; soya bread or biscuit, one ounce.

— DRINK.

First thing on awakening.—Tumbler of hot water with slice of lemon.

11 A. M.—Cup of bovine or clear soup.

Lunch.—Two glasses of claret or one ounce of whisky with potash water.

5 P. M.—Cup of bovine or clear soup.

Dinner.—Two glasses of still hock or claret, or whisky and potash.

Bedtime.—Cup of bovine or clear soup.

Mustard, pepper, salt, Harvey sauce may be taken.

Additions to No. 1.—Oysters, tongue, stewed fruit with saccharin, poultry, game.

Third Period, Thirty-one Days.

Additions to No. 2.—Toast in place of soya bread for each meal, two ounces; savory jellies, aspic of prawns, plovers' eggs, jelly.

Dessert.—A small quantity of fruit; blue mould Dorset cheese.

No. 1.—Specimen of Diet Chart.

This diet sheet is arranged in accordance with usual habits and family history as to obesity, and must be strictly confined to personal use.

Name and address, 189

Diet Chart for Fourteen Days.

7 A. M.—Sip slowly a tumbler of hot water with lemon juice.

9 A. M., *Breakfast.*—Two cups of tea or coffee without sugar or milk, taking saccharin if needed; one ounce of soya bread or biscuit; grilled white fish, steak, chop, kidneys.

11 A. M.—Tumbler of hot bovine or clear soup.

1.30 P. M., *Lunch.*—Cut from joint of beef or mutton, with one helping of either cabbage, spinach, tomatoes, asparagus, French beans, plain lettuce, and watercress; one ounce of soya bread or biscuit.

5 P. M., *Afternoon Tea.*—Cup of tea *a la Russe*, or cup of bovine.

7.30 P. M., *Dinner.*—Clear soup, white fish, red meat, vegetables as at lunch; one ounce of soya bread or biscuit.

Bedtime.—Tumbler of hot bovine or clear soup.

1. All food should be plainly cooked (grilled for preference), no fat, skin, or rich gravy should be taken.

2. Drink claret, still hock, burgundy, Scotch whisky, and potash water.

3. Exercise: A moderate amount of walking should be done daily.

4. Condiments : Mushroom catsup, Worcester and anchovy sauce, mustard, pepper, and salt may be taken.—*Ex.*

FRENCH NOTES.

By E. W. BING, M. D.

CHESTER, PA.

SUDDEN DEATH IN GRIPPAL PNEUMONIA.

The patient presented the signs of an attack of gripe of average severity, without great respiratory anxiety. There was some dullness, and sibilant rales in the right lung; in short, the signs of diffuse laryngo-bronchitis, in the course of which a focus of broncho-pneumonia appeared. This soon disappeared, leaving only weakness and lassitude. Some days after, the patient suddenly died, without any warning symptoms. The cause of death was not demonstrated by the autopsy.

Another case occurred in a woman who had been severely ill with gripe for eight days. The following symptoms were present: fever, anorexia, lassitude; signs of diffuse bronchitis and congestion at both bases. These disappeared rapidly and the patient thought she was well, when she was suddenly attacked with syncope, phenomena of asphyxia, an indefinite sense of sinking, quickly followed by cardiac paralysis and death. The autopsy shed no light on the matter. Probably the deaths in both cases were due to functional disorder of medullary origin, by pneumogastric paralysis. The frequency of nerve affections in the course of gripe is well known, and these cases most likely belong to the same order.—*Rendu.*

SUPPLEMENTARY MAMMA.

Marie showed photographs of a woman possessing an extra breast. This had occurred in almost all the members (female) of the family for four generations.—*La France Medical.*

A SOLUBLE DERIVATIVE OF "B" NAPHTHOL.

Dujardin-Beaumetz and Stackler, in searching for a body at once antiseptic, soluble, and well tolerated by the animal

economy, studied several derivatives of beta-naphthol, one of the products proving of special interest.

It is the compound named asaprol (anti-putrid). Recent researches have shown that it is composed of the sulphuric ether of "b" naphthol, combined with lime, and containing traces of naphthol and sulphate of lime. It occurs as a white powder, extremely soluble in water and alcohol. Its antiseptic equivalent (16 to 17) is almost the same as that of salicylate of soda, and like it it is antithermic and analgesic, and is given in the same doses. It is soon eliminated in the urine, as shown by the iron test (blackish blue color). Tolerance of the drug is remarkable. It produces neither vertigo nor ear sensations, and may be given in cases where the salicylates are not well borne.

—*La France Med.*

RHEUMATISM AND ENDOCARDITIS IN MUMPS.

Cantrín after studying the affection concludes as follows:

Articular complications in mumps will average about two and eight tenths per cent. The localization of the rheumatism varies, but all the joints may be attacked, as also the synovial sheaths. As in ordinary acute rheumatism, vague pains may be felt in different joints, before fixing specially on one or, oftener, two joints. In mumps, rheumatism is rarely a primary manifestation, and comes on generally later than orchitis. The clinical symptoms are the following: Local reaction not marked, liquid often abundant, pains usually slight. Evolution generally rapid—eight, thirteen, fourteen, twenty-six days—differing from gonorrheal rheumatism. Cardiac lesions in this disease are not grave, prognosis is rather good. The same micro-organism is found in the articular effusions, as in the parotid fluid and the blood.—*La France Medical.*

NEW ANTISEPTIC MIXTURE.

(Carazinni) Iodoform, 55 parts; salicylic acid, nitrate bismuth, each 20 parts; camphor 5 parts. This makes a clear yellow powder of a not disagreeable odor. The author used it especially for ulcerating bubo. It is a very efficient antiseptic; it hastens cicatrization. Fungous gran-

ulations are favorably influenced by it, and suppuration is considerably diminished.—*La France Medical.*

GERMAN NOTES.

TRANSLATED BY DR. ADOLPH MEYER

Enema against insomnia in children
By Jules Simon (Paris).

R Chloral hydrate 0, 2—0, 4 (3-7 grains)
Tinct. nucist. . . gutt. x (10 minims)
Tinct. valerian. . gutt. x (10 minims)
Aq. destillata . . . 60, 0 (2 ounces)

Children stand hydrate of chloral better per anum than per os; as, however, its therapeutical action is smaller, it has to be given in a somewhat greater dosis.
(*Deutsche Medizinal Zeitung*)

Treatment of pneumonia with high doses of digitalis. By Dr. Aug. Fike, Vienna. Dr. Fike treated 108 cases (soldiers) with high doses of digitalis; ninety-three recovered completely—were fit for service; one received leave of absence as convalescent, and one died. The death-rate among men of the same age in the hospitals of Vienna is about 16 per cent., whereas Fike lost only 0.91 per cent. The daily dose was 3.0 g. (50 grains) in an infusion of 200.0 g. (about 6½); it was administered until the fever was gone, or until signs of intoxication showed themselves. Besides this, Fike prescribed large quantities of alcohol.
(*Deutsche Medizinal Zeitung*)

SOME NEW ANTISEPTICS

With a view of testing the comparative values of some new antiseptics, pure cultures of pyones (a bacillus found in pus) were used, taking a small quantity of the antiseptic and placing on a glass slide, mixing in some of the culture, placing a cover glass over this and examining through the microscope. This bacillus is actively motile, and when movement was suspended it indicated that the germs were killed. Caustic, antiseptic and medicinal pyrozone acted immediately; no movement was seen after the slides were examined under the microscope. Medicinal pyrozone that had been exposed to light and air in a warm room for ten days caused suspension of movement after one minute. Johnston's

etheral antiseptic soap acted immediately; no motion observed. Alumnol, ten per cent. solution, no movement after one minute. Eucalyptus and thymol antiseptic solution, no movement after four minutes. Aluminum acetotartrate, five per cent. solution, no movement after five minutes.—L. P. Bethel, *Dental Register*.

DR. HAMMOND'S NEW DRUGS.

It is sincerely to be hoped that the profession will not be in any haste to endorse the so-called system of cell therapeutics so much talked of in certain quarters at present.

That freshly chopped calves' brain macerated for months in any menstruum whatever, should yield a principle specially corrective or constructive to the diseased cells of the human brain, when injected directly into the circulation, does not accord with any scientific demonstrations hitherto established, and experience bought by deep humiliation has taught or at least shown us, how utterly valueless an immense array of clinical data may be when collected for the purpose of establishing a preconceived theory. As instances, may be cited operations upon the external eye muscles for the cure of many forms of nervous disease, operations upon the uterus and appendages for the cure of insanity; rectal injection of gas for the cure of consumption, and so on *ad nauseam*

None of these ought ever to have been endorsed by the profession as they were, and this so-called cell therapeutics is even more ridiculous if possible than any hypothesis hitherto put forward, even if it had not been proven by the practice of transfusion of blood under circumstances as favorable as possible, that cells composing the tissues of one individual cannot appropriate unchanged those of another, thus giving a direct accession of vitality.—*N. A. Practitioner*.

ANTIDIPSOLE.—This is Dr. Garvin's formula for the removal of the alcohol craving. It is composed of lupulin, apium graveolens, serpentaria, cinchona, capsicum and aromatis.

—*Am. Pract. and News.*

BAZY suggests that before any operation on the bladder, the urinary tract should be rendered aseptic by giving salol internally, one drachm daily.

FOR ACUTE RHEUMATISM.—

R. Acidi salicylici
Lanolini
Ol. terebinthinae aa $\frac{3}{4}$ ij ss
Axunge $\frac{3}{4}$ ij ss
M. S.—Apply freely to joints. Give no medicine internally.

London *Truth* says there is a new traffic in diplomas. When a doctor dies, his widow sells his diploma, and the purchaser practices under his predecessor's name.

News and Miscellany.

DURING August, Dr. Waugh will divide his time between his city office and Atlantic City, where he will be found at 26 Illinois avenue.

Navy Department, Bureau of Medicine and Surgery, Washington, D. C. Changes in the Medical Corps of the U. S. Navy for the week ending July 29, 1893:— Surgeon H. J. Babin to temporary duty at Naval station, Port Royal, S. C.; Asst. Surg. A. R. Alfred from the "Franklin" and to the "Minnesota"; Asst. Surg. J. M. Moore from Norfolk Hospital and to the "Franklin"; Med. Instr. E. Kershner to duty on board U. S. S. "New York"; Pd. Asst. Surg. J. F. Urie to duty on board U. S. S. "New York"; Asst. Surgeon H. D. Wilson from the "Minnesota" and to the "New York"; Med. Instr. B. H. Kidder, Med. Director, H. M. Wells, Surgeon Frank Anderson, P. A. Surgeon Clement Biddle granted leaves of absence.

THE Mercer Memorial House for Invalid Women, Atlantic City, requires \$4000 to finish this season's work. The house is crowded; every room and ward is engaged to the end of August, and many needy invalids await chance vacancies prior to that time.

A NEBRASKA homœopathist reports great success in the treatment of diphtheria by dog's milk, zooth potency. We

presume the disease was of a corresponding degree of attenuation; the patient's grandmother's aunt's cat having come from a town where diphtheria prevailed a couple of thousand years previously.

HEALTH Commissioner Homan, of St. Louis, has directed the ambulance drivers to stick a pin in the city map, at the locality from which they bring a case to the hospital. Medical case, white pin; surgical case, black pin. A glance then shows where the ambulance calls most frequently.

KOPLIK reports a case of circumcision-syphilis.

FLAHAUT reports forty cases of diphtheria treated by hourly applications of crude petroleum, without a death.

The Medical Age says that Dr. William A. Hammond is the president and a large stockholder in the Columbia Chemical Company, of New York, which holds the trade-mark on "Cerebrine," and the other organic extracts described by him in the *N. Y. Med. Journal*. *The Age* says: "Can anyone now, with the full knowledge that the paper in question was written and published solely for a mercenary end, admit any confidence in either the medical theory or the therapeutic value of "Cerebrine," "Testine," *et. al.*? Indeed, it would seem as if the reputation as well as self-interest of the profession should demand an explanation from Dr. Hammond; and it, moreover, appears somewhat singular, after the military experience of this individual that he should attempt in the guise of a scientific communication to foist such an insult upon the medical public."

RAISING BABIES IN BRAN.—Professor Hue, of Rouen, calls attention to this method, which is a very ancient one in certain parts of France, but not much spoken of in books on such subjects; yet it deserves more consideration than has been given to it.

Any old cradle will do to practise the method; over its opening a very strong cloth is nailed, allowing it to bag a little into the body of the cradle, and in this

hollow formed the bran is placed. It should not be too fine, and that coming from wheat is the best. This is sifted, to get the coarsest part of it for use, and it is then given to any baker who will put it into his oven, where it is raised to a heat enough to sterilize it. About thirty to forty quarts are used at a time. The child is placed on it without a diaper, and allowed full freedom of movement. Its dejections are easily removed and they are without the slightest smell. Some bran is added each time. The baby is lightly dressed and covered with a small sheepskin. The pillow is of horse-hair. The bran may stick to it a little, which calls for a daily bath, as is needed in any case.

The method presents the advantages of regular warm temperature, cleanliness, antiseptis, no smell, dryness and economy.—*Amer. Therapist.*

[The objection to this plan is that it does not begin early enough. The crying need of the modern female is for a method of raising babies that shall begin about nine months before birth.—Ed.]

FINGER PRINTS AS A MEANS OF IDENTIFICATION:—Francis Galton, F. R. S., has just issued a supplement to his book on "Finger Prints." He has now had an opportunity of comparing some finger prints obtained from natives in India in 1878, with those of the same natives taken last year, and therefore at an interval of fourteen years. Many such impressions were taken from natives of India by Sir William Herschell and some of them have been preserved. The method of taking the finger prints in 1878 proves to have been much less satisfactory than the plan adopted more recently, for some dye was used in the former instance, while Mr. Galton recommends a thin layer of printer's ink. The outcome of comparison of the two sets of impressions is strongly in favor of the persistence and unchangeability of the ridges, for there were absolutely no points of disagreement even when compared under sevenfold enlargement. Mr. Galton has been informed that the practice of taking the impression of a single digit of criminals is now constantly adopted by the Bengal police. It is clear that it is a very valuable aid to identification of an individual.—*Amer. Druggist.*

ERASISTRATUS was a fortunate man. His *armamentarium medicamentorum* was more comprehensive than that of the modern physician, and his patients more tractable. Perhaps his insight into humanity and its possibilities was superior also; for he diagnosed Antiochus' complaint as love for his stepmother, prescribed her as the remedy indicated, saw that the dose was exhibited, pocketed his fee of \$100,000, and secured the everlasting gratitude of Seleucus, who thus saved his son and got rid of his wife.

ST. LOUIS reports 741 deaths in June, out of a population of 520,000, an annual death-rate of 17.01. The principal causes of death were diarrhoea (96), pulmonary consumption (58), marasmus (40), pneumonia (52), convulsions (39), and bronchitis (37).

DR. J. C. Culbertson has been tendered the chair of Practice at the Cincinnati College of Medicine and Surgery.

GHOLAM Kader, the alleged Arabian oculist, after being prosecuted in numerous European cities for his outrageous practices, tried to settle in New York. His advertisements were noted by Dr. Valentine, editor of the *Medical Abstract*, and by his efforts the "oculist" was squelched. People who resort to such charlatans are little to be pitied, but the loss of sight is an awful calamity.

A CURIOUS accident is described in the *Hosp. Gazette*. An eyelash happened to be carried into the eye by an accident, took root in the iris, and grew in coils in the anterior chamber, until it had to be removed.

THE MONEY EXPENDED FOR STATE HEALTH BOARDS.—Dr. Archibald Dixon gives the following figures, showing the amount of money appropriated each year for the State Boards of Health: Massachusetts, \$111,300; Louisiana (about), \$100,000; Texas, \$61,000; Illinois, \$49,000; Mississippi, \$46,550; Minnesota, \$29,000; New York, \$25,000; New Jersey, \$21,500; Wisconsin, \$20,500; Michigan, \$16,145; Alabama, \$13,000; Maryland, \$13,000; California, \$12,500; Con-

necticut, \$10,000; New Hampshire \$8,500; North Carolina, \$5,500; Indiana, \$5,000; Iowa, \$5,000; Pennsylvania, \$5,000; Maine, \$5,000; Kansas, \$4,500; Ohio, \$4,500; South Carolina, \$4,000; Tennessee, \$3,000; Rhode Island, \$2,700; Kentucky, \$2,500; Vermont, \$2,500; West Virginia, \$2,000; Delaware, \$350. This shows that only twenty-nine States expend money for this purpose. The figures, however, are very misleading. Most of the Texas and Louisiana money goes for quarantine, while the money spent by New York and other States for this purpose is not included. The amounts spent by cities for public health also exceed very much that spent by the States.

THE PLINY CURE FOR INEBRIETY.—Dr. Robertson says, in the *Pacific Medical Journal*, "I will match Keeley's secret as regards remedial value and scientific acumen with one I recently found in the 1601 edition of Philemon Holland's translation of Pliny: "For to avoid drunkenesse, take the lungs of an hog, be it bore or sow, it matters not, in like manner of a kid, and rost it; whosoever eateth thereof fasting shall not be drunk that day how liberally soever he take his drinke."

THE new Pennsylvania Medical Examiner's law appears to have been finally modified so as to leave out the objectionable term of allopathic; and the time at which it goes into operation is March, 1894.

THE JOHNS HOPKINS MEDICAL SCHOOL.—The professorial chairs have been filled as follows: Pathology, Wm. H. Welch, Dean; Chemistry, Ira Remsen; Principles and Practice of Medicine, Wm. Osler; Psychiatry, Henry M. Hurd; Surgery, Wm. S. Halsted; Gynæcology and Obstetrics, Howard A. Kelly; Anatomy, Franklin P. Mall, late of the University of Chicago; Pharmacology, John J. Abel, late of the University of Michigan; Physiology, Wm. H. Howell. The school is open alike to both sexes. The courses given at the hospital to physicians will be continued. The fees for the first year will be \$200. —*Maryland Med Jour.*

THE old fashioned dignity and professional style of medical journal advertisements is being subjected to a severe strain by a Yonkers manufacturer whose attempts at the comic are so pitiable as to excite the commiseration of the reader.

For heaven's sake, Mr. Andrus, let up. Give us something else besides niggers and mad dogs! Tell the doctors in good English what you have to sell, and they will probably use your goods, as they always have done.—*The Doctor of Hygiene.*

THE *Pacific Medical Record* thinks that with two public and two private hospitals, now contemplated, Portland, Oregon, should be well supplied.

WEEKLY REPORT OF INTERMENTS

PHILADELPHIA, JULY 31, 1893.

Deaths and interments in the City of Philadelphia, from the 22d to the 29th of July, 1893.

CAUSES OF DEATH	Adults		CAUSES OF DEATH	Adults	
	Adults	Minors		Adults	Minors
Abscess.....	5		Inanition.....		14
Apoplexy.....	5		Inflam'n Bladder.....	1	
Anæmia.....	1		" Brain.....	1	10
Aneurism of Aorta.....	2		" Bronchi.....	2	1
Bright's Disease.....	13	1	" Kidneys.....	4	
Burns and Scalds.....	1		" Heart.....	1	2
Cancer.....	15		" Lungs.....	6	17
Casualties.....	10	4	" Perito'm.....	2	
Cerebro-Spinal meningitis.....		1	" Pleura.....	2	
Congestion of the Brain.....		5	" Sto. & Bls. Pancreas.....	1	19
Congestion of the Lungs.....	2	1	Insanity.....	2	
Child-birth.....	1		Jaundice.....	1	
Cholera Infantum.....		150	Marasmus.....		36
" Morbus.....	5		Measles.....		4
Cirrhosis of the Liver.....	2		Neuralgia of the Heart.....	1	
Consumption of the Lungs.....	46	12	Obstruction of the Bowels.....	2	
Consumption of the Throat.....	1		Old Age.....	14	
Consumption of the Stomach.....		1	Paralysis.....	9	
Convulsions.....	3	21	Purpura Hemorrhagica.....		1
Croup.....		2	Pregnancy, Abdominal.....	1	
Croup, Membranous.....	1		" Rheumatism.....	2	
Cyanosis.....		4	" Scrofula.....	1	
Debility.....		3	" Shock.....	1	
Diarrhœa.....	2	3	" Septicæmia.....	1	
Diphtheria.....		7	" Small-pox.....		1
Disease of the Brain.....		1	" Softening of the Brain.....	4	
" " Heart.....	26	1	" Suicide.....	3	
" " Liver.....	1		" Sunstroke.....	3	
Drowned.....	6	2	" Syphilis.....		1
Dropsy.....	1	2	" Tabes Mesenterica.....		2
Dysentery.....	8	4	" Teething.....		3
Epilepsy.....	1		" Tumor.....	3	
Fatty Degeneration of Heart.....	4		" Vomiting during Pregnancy.....	1	
Fever, Malarial.....	1		" Uremia.....	6	
" Puerperal.....	1		Whooping Cough.....		7
" Scarlet.....		3			
" Typhoid.....	4	4	Total.....	248	351

The Times and Register.

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RECENT PROGRESS IN ELECTRO-GYNECOLOGY.

By G. BETTON MASSEY, M. D.

Philadelphia.

The year's progress in the art of applying electricity as a remedy in the diseases of women has been of two-fold character, embracing increased exactness in an art requiring technical knowledge of a high order, on the one hand, and on the other an increased use of the remedy by conservative gynecologists. The allurements of a surgical ambition continue to operate as a bar to the higher electrical skill of some operators it is true, but a still greater number are becoming convinced that the diseases of women have a deeper significance than mere cosmetic accuracy of outline in pelvic organs; and that an agent capable of doing much in the cure of diseased processes, the relief of suffering and restoration of function, deserves a more careful study than has been given to it by those who regard gynecology and surgery as synonymous terms.

RESTORATION OF FUNCTION.

It is too often forgotten that the highest art of the physician is shown in the restoration of normal functioning in an organ or set of organs. In the case of the pelvic organs of woman, the disparity between the current literature devoted to the removal of more or less diseased members and their cure is very great, and indicates, it is to be feared, that the lesser work replaces the greater in actual practice. The prevention of diseased action in organs is of course a still higher work, but while the busy physician may be pardoned for relegating preventive medicine in some measure to the hygienist, he should not be pardoned for neglecting possible cures of diseased organs and turning his attention exclusively to their ablation and amputation.

One of the benefits conferred upon gynecology by the introduction of electrotherapeutics into its remedial armament is the recalling of professional attention to healthier channels of therapeutic endeavor by the infusion of new hope in the efficacy of conservative methods.

In this agency we have a valuable remedy for the congestions and relaxations that interfere with pelvic functions

and lead consequentially to more pronounced disease. Its control over abnormal menstruation is often successful where drugs have been found to be ineffective, and it may thus be of service in the removal of those conditions so frequently leading to positive disease of the ovaries or of the nervous system in early maidenhood. A mere external application of the galvanic current of large dose between periods, through scientifically adapted cutaneous electrodes, may be amply sufficient as a curative remedy in both amenorrhœa and menorrhspasm; but when this has been insufficient to cure in a given case we must use the same method during the actual attack of menstrual pain. This almost invariably ends the immediate attack, though a permanently curative effect will require at times that an intra-uterine negative application be made, and my quickest successes have been attained when the application was made during the flow itself.

On the electrical treatment of menorrhagia and uterine hemorrhage I will not dwell, as its efficiency is generally conceded, though too often not used by those who continue to employ harmful drugs or curettage.

It is not a little strange that the classical treatises on gynecology, with the exception of that of Barnes, are practically silent on the disturbances of that function which, certainly next to menstruation and conception, is most closely associated with our practical work as gynecologists. In coin-ing and defining the term dyspareunia this writer too but touched on a considerable field of maternal impotencies, the bearing of which upon conditions and sufferings daily encountered is far more important than generally conceded. A little research in many cases of ovarian and lumbar pain in married women will point to this as a cause, even though peri-uterine tenderness or displacements may be present, and particularly if catarrhal conditions of the uterus and tubes are absent. A merely physical and passive performance of a function normally requiring a most delicate co ordination of nerves, muscles and glands cannot be other than prolific of local congestions and more general nerve aches, and this

result is often found in both participators, for a law of nature has been broken which even dogs obey.

The causal conditions underlying dyspareunia are not merely hyperaesthetic conditions of the vulva, on which stress was laid by Barnes, but also muscular relaxation of the vagina which makes it impossible for the act to be reciprocal, leading to bruising and disturbance of the internal parts, and more or less pronounced nerve strain. The connection of electro-therapeutics with this subject is obvious. In the vaginal applications of both currents as have a direct excitator of the flagging energies of the constructor cunni and levator muscles and the circular fibres of the vagina, though care should be exercised that an over-long stimulation does not lead to fatigue. The swelling method of turning the current on and off is best, and the faradic current may be applied either bipolar or monopolar, the coarse secondary or primary coils being selected in preference. Probably the most effective excitator is the combined, primary faradic and galvanic, negative monopolar electrode, the indifferent pole being on the back. This method also relieves the congestion and tenderness in the uterus and ovaries while adding tone to the muscles.

In the treatment of maternal sterility due to catarrhal disease of the uterus the galvanic current may also be relied on as of direct service, in addition to the possible results that may be derived from electricity in the associated condition just described. The method is that employed in the treatment of endometritis, with or without accompanying menorrhspasm, and its use will be found to be far more effective than the commonly-practiced operations of dilatation, and less likely to be followed by diseased tubes and ectopic pregnancies.

THE RELIEF OF OBSCURE PELVIC PAIN.

Excluding the functional disorders that have been mentioned, acute inflammations and neoplasms, it will be found that most women apply for treatment for chronic pains and distresses of a more or less indefinable character. It becomes the duty of the physician to ascertain the

cause of course, but even in case the probable cause can be located by exclusion in the pelvis, he has no more right to inflict injury in ascertaining its exact nature or providing theoretical relief than when other parts of the body are affected. An increased employment of vaginal applications of electricity is advocated in these obscure cases, in preference to so-called exploratory abdominal sections, which so frequently result in the removal of ovaries that are but slightly or not at all diseased. The electrical application may cure the case by stimulating the activity of the absorbents and thus removing remnants of unsuspected inflammatory processes that had given rise to the distress, or by a direct action on the pelvic nerves, and if it does not thus clear up the obscurity the patient is yet in good shape for other remedies. Non-suppurative inflammations of the appendages, even prolapse of the ovaries, indicate this method, and it is often curative. To the interpolar action of the current itself we may add the action of iodine, driven into the tissues from the positive vaginal electrode by the recently revived method of cataphoresis.

CHRONIC METRITIS.

The researches of electro-gynecology are however, contributions towards a revival of the older views which attributed to the uterus the chief place, in chronic inflammatory troubles as well as an avenue of infection for parts annexed. The light recently reflected on the diseases of the appendages by operative surgeons has rendered incalculable aid in diagnosis, but should not blind us to the possibilities of a continuance of the chief trouble within the uterus, demanding local treatment for its alleviation. The possibility of employing strong galvanic currents of more than fifty milliamperes for this purpose without creating unpleasant irritation, has been enhanced by the use of cotton-covered elastic electrodes of platinum within the uterine cavity, the cotton having been saturated with a solution of cocaine if the endometrium is sensitive, or with a watery solution of an antiseptic agent. This simple expedient will permit of the addition of cataphoric medica-

tion of the uterus to the galvanic application, with results, so far as the addition is concerned, that are yet under judgment. The value of the current itself in combatting endometritis and hyperplastic metritis is well established, and its more general employment will not only remedy a numerous class of cases of recognized uterine inflammation but also render the operations of curettage and trachelorrhaphy and the wearing of pessaries, of rare and infrequent utility.

FIBROID TUMORS.

With their accustomed alertness, American physicians have not only absorbed the French experiences as to the value of electricity in fibroid growths of the uterus but have pushed the investigation further as evidenced by well-attested instances of actual disappearance of the tumors, several of which were reported during the year. The field of this remedy in fibroids is being more accurately delimited as added experience teaches that it is most useful in the interstitial and intramural varieties, or when the subperitoneal buds are still sessile. But little effect can be expected in the subperitoneal variety unless the tumor is particularly well-situated for either pelvic or abdominal puncture. Edematous myomas, or tumors that have undergone cystic degeneration, are distinctly unsuited to electric treatment, and the same may be said of all such growths accompanied by purulent degeneration of the appendages; though simple, non-purulent inflammations of the appendages do not constitute a contra-indication. The interstitial tumors, both hemorrhagic and non hemorrhagic, in which electricity is curative, form a large group, and the testimony of many recent workers in the field fully bears out the statement of Keith that it should have the preference over dangerous and uncertain operations for their removal.

Among the several methods of applying the current, preference continues to be given to the intra-uterine applications. The use of vaginal punctures is confined to those cases in which the intra-uterine method is impracticable, as they rarely present any relative advantage. I have myself reported good results from abdo-

minal puncture in cases of large growths unsuited to other methods. Mere vaginal applications are, however, at times of service, and the possibility of contracting a myoma by external applications even has been amply demonstrated.

Being free from danger in any but reckless hands, and certain to be of some service in every suitable case, the electrical treatment of fibroid tumors should be the method of choice as a remedy for these benign growths, whether hemorrhagic or non-hemorrhagic, reserving operative procedures for cases in which electricity is unsuitable. With this careful selection, the best good of the patient is assured and all apparent conflict of opinions avoided.

CONCLUSIONS.

In recapitulation, it may be said that electricity in some one of its methods of application is indicated as a useful remedy in loss of functional tone in the reproductive organs; in obscure pains in this region; in catarrhal diseases of the pelvic mucous membranes, inclusive of endometritis and its consequence, sterility; in uterine hypertrophies and chronic peri-uterine inflammations of a non-purulent character; and in interstitial and certain subperitoneal fibroids, whether hemorrhagic or non-hemorrhagic. So much and more has been amply demonstrated and proven, under the fire of a criticism rarely bestowed on any single therapeutic agent. That definite limitations to its use have been proven is also true and almost equally important; yet of this remedy it may be said that, unlike most remedies, the limitations to its usefulness may continue in the present only, for our knowledge of the agent is of so progressive a character that the boundaries of to-day's information may be left far behind to-morrow.

212 SOUTH FIFTEENTH ST.

THE PROPER SCOPE OF MEDICAL JOURNALISM.

By J. McFADDEN GASTON, M. D.

ATLANTA, GA.

WITH a view to understand the true sphere of editorial work in connection with medical literature, it is requisite to take a cursory glance at the

present status of journalism in this country and in other portions of the world.

The vast changes which have come about in the publications of various kinds, from the encyclopedias of medicine and surgery, with a large number of authors, to the medical newspapers of limited proportions, are among the most notable features of the last quarter of a century. The presentation in some extensive work of articles without the responsibility of individual authorship is of questionable propriety; in like manner as the appearance of articles in medical journals without the names of the writers.

The largest liberty should be allowed contributors to medical literature in the expression of their conclusion and the records of experience, as the observations of even those without scientific attainments may often prove advantageous to the profession. One of the greatest obstacles to the usefulness of medical associations and societies is the tendency in such organizations to shut out the presentation of facts by those least gifted in speech or in writing. The prominence given to those who are recognized as authorities in the different departments of practice precludes almost entirely the appearance of the less favored class of the profession, and while there is really no sort of barrier to the expression of their views, the practical working in such bodies leads to their exclusion. It is unfortunate that the modest retiring country doctor should not be heard in many instances, when his original views might serve a good purpose in elucidating the question at issue.

The same attitude is occupied to a very large extent in the contributions to medical journals, and those familiar with the use of the pen fill up the pages of our weeklies, monthlies and quarterlies, with rarely an article from those less known to fame, who might add materially to our stock of useful knowledge. There are some men of limited book lore, whose intuitive genius lies hidden from the public, who ought to have a showing in medical journals. If they are not able to write with elegance or even grammatically, the editor may well bestow some attention upon correcting, which shall put these communications in good shape, and winnow out the chaff to secure the

grain mixed with it. It should not be inferred that every member of the profession who is seized with the *cacoethes scribendi* should be encouraged, but only those who have something valuable to present should be allowed a place in the pages of a medical journal.

There are some very learned dissertations, based entirely upon the data of others and having extensive bibliographical references, which really offer no instruction and should not be admitted to medical journals. If the studious author of such a paper, think his researches entitled to the attention of the profession he should be willing to risk the publication of it at his own expense, and not burthen the business department of a medical journal with the expense. It is not merely scientific attainments which avail in preparing an article for the readers of medical journals, but there must be practical discernment and aptitude to meet the wants of the profession.

One may write most learnedly and yet give no instruction, and the practitioner looks to the medical journal for hints to guide him in the treatment of diseases. A case of some disease which presents unusual features may be reported in detail so as to show the effects of some special line of treatment and prove a useful guide in the management of similar cases. It thus turns out that precedents become established by facts and we are not left to grope our way blindly under the influence of a theory which may be misleading. The science rests upon facts, and the humblest member of the profession is capable of observing what is presented in the progress of disease, and in the use of remedies, so as to aid in the accumulation of facts, which shall be subservient to an important result.

There are at the present day so many different departments of professional work that journals have sprung up to fill the demands of the various specialties, but it is still found that the claim of all can be met by embodying information of a general character, so as to furnish matter for the instruction of the different classes of practitioners in our journals.

It may not be out of place to draw attention, in this connection, to the manner in which the Journal of the American Medical Association has been conducted latterly. This publication differs from any other in this country by virtue of its containing the papers presented in the different sections of the association. Being of great variety, it would be eminently proper that selections should be made from each section in every number of the journal, so as to have something of note for all the members who read the contents. But there has been no such matter used heretofore, and indeed there seems to be no systematic rule adopted in regard to the management, except to exclude a number of the most important papers which may have appeared in other medical journals.

The reports of societies which are published by medical journals should be pruned of their superfluities, and long winded letters of correspondents call for abridgment.

Annotations.

QUACKS AND THEIR ENDORSERS.

We have often wondered who were the doctors who endorsed quack medicines. A circular lying (no pun intended) before us tells of the miraculous operation of an agent entitled "Victory over Disease." A young female, who looks as if it wasn't medicine she needed, reclines on a couch reading a novel, while her ankle is clasped by a cord, leading to a cuspadore labeled "Victory." The legend informs us that by this contrivance oxygen is poured into the body, and for the happy user the millennium begins, at the small price of \$25.00. This thing bears the endorsements of three reverend gentleman and five doctors. Of the latter two are registered as homœopathists, two are not to be found in Polk's list at all, and the fifth is an eclectic without a diploma.

The patentee, inventor or manufacturer, is entered in Polk's book as a "licentiate in medicine," Discoverer of the Laws of Cure, etc. etc., but the name of his *Alma Mater* is withheld.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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ARE WOMEN A FAILURE?

In the July number of *The Woman's Medical Journal*, Claudia Q. Murphy presents the woman's side of this question. She says: "Perhaps the methods of women in the profession may seem peculiar, the evidences of peculiarity being that none of them seem to be striving particularly after fame. On the contrary they are among the most conservative members of the most conservative profession in the world. Not only this, but the average woman is handicapped by the old idea that the God-given right to heal was bestowed upon the masculine part of the human race, and that the feminine part, who have entered in are interlopers on this ground; being interlopers are only tolerated upon suffrage, and are the victims of the generosity of men who permit us to live.

"There are men and women to-day who believe that women have only the right to live in the domestic life, and that any

step outside of that limited field is usurpation. Tons of Scripture can be quoted as authority for such views. There are scores of men who say that they believe women should not practise medicine, and their reason is that they never had practised. But because I have never died is no reason for me to assume that I am immortal!

"The editor of the *National Medical Review* of Washington, takes us to task, and says that women in the profession are a lamentable failure, unless they are able to quote someone else than Dr. Mary Putnam Jacobi as an evidence of their success.

"Dr. Stowell says in explanation of this remarkable statement that Dr. Jacobi is the only woman quoted in his exchanges. Either our confrere's exchanges are limited, or his vision is myopic. Mary Putnam-Jacobi is a success and we are proud of her, but we are also equally proud of Anna Fullerton, Clara Marshall, Anna Broomall, and Hannah Croasdale, of Philadelphia, Mary Dixon Jones of Brooklyn, N. Y., Dr. Blackwell of New York, Mary Spink of Indianapolis, Ind., Marie Werner of Chicago, Anna McFarland of Jacksonville, Ill., E. M. Roys-Gavit and Elizabeth Woods of Toledo, O., Amanda Taylor Norris of Baltimore, Md., Frances Dickenson of Chicago—but why enumerate? The man convinced against his will, is of the same opinion still, even as he was in Hudibras.

"Women in medicine are a success. They have come to stay. This cannot be gainsaid. Success is that degree of prosperity which immediately attends our endeavors, the attainment of any object is success. The motives of women in the profession are high and honorable and our work speaks for itself.

"It seems to me that one of the reasons that women are less quoted than men is the fact that they write less than

men. Men see the utility of imparting their knowledge and experience to others in the profession, and are willing to make a little effort to this end. Women do not always see the utility of so doing. The average woman is busy; and when she is through with the daily round of work is weary and does not care to put her impressions on paper. The result is that men, judging women by themselves, opine they cannot write because they do not. There is a lesson in all this for women. They must see the necessity of doing more for the futurity, they must cease to look at effects but for causes. The only way to secure an outside reputation is to put your knowledge where the outsider may be able to realize that you are alive. You may say and say truly that you are a success, and, being a success, why need you trouble yourself about the other things? You need to trouble yourself about the other things because you are put into this world with other people and are not to live to yourself alone, but remember that your success is an inspiration to some young woman who is striving to grow. And your silence is construed into a lack of success.

"But women are beginning to write, and what they write is read, and more than that it is readable. Very few women write mere words. The word carpenters are not of the feminine gender."

The reason that women do not write more may be that they are too busy, or too tired when the day's work is done; but that applies equally to men. The truth is, women are receptive rather than originitive; they are irresponsibly critical, and their observation is more of the flaw-picking sort than that which grasps the entirety of a subject. Their criticisms are passed around among themselves; but when it comes to putting them down in black and white, and subjecting the results to the broad glare of

publicity, they suddenly discover the defects in their case, and shrink from the positions so volubly defended in private. Women are good students, easy to train, quick to appreciate and retentive in memorizing, for the very reason that they expect to be directed, and are not disturbed in the student's task by any originality that is to be conquered. They accept the teachings of authority, while the man stops stubbornly until his "why" has been answered.

Such are the characteristics of woman; such they must be, if aught in heredity be true, from her ages of subjection. Is it possible that now, when the trammels of the earth's savagery are being thrown off and the right of every individual soul to its own freest, greatest and best development, is being recognized, we will see a new development of the feminine character? Will she give us examples from among her sex of the broad-browed Kants and Hegels, the daring speculation, of Swedenborgs or the grand "Here I stand" of Luther, instead of the meek constancy of St. Cecilia?

Annotations.

ON "GETTING BROWN."

PROMINENT among the many delusions of a summer outing is the wide-spread belief in the advantages of "getting brown." People seem to imagine that a sun-burnt skin implies robust health, and disregard the flabby muscles, the lack-lustre eyes, the abused stomach, and the fur-coated tongue, that often underlay the gypsy tint. We commonly hear such remarks as "don't I look well? See how sun-burnt I am!;" or "Jennie has returned in splendid health; just look at her brown skin!" But it is possible, and not improbable, that Jennie is no better than when she left home. She has fooled with the sun bath, and neglected her stomach, which has become the receptacle of a hetero-

geneous collection of unusual foods, indigestible candies, and bogus medicinal waters. But her face has been browned, so, forsooth, she is in perfect health. But even in the hunt for sun-burn, there are dangers ahead. While courting the harmless transitory "tan," which is technically known as *chloasma caloricum*, she is quite liable to fall a victim to permanent freckles,—*lentigo*—, or to the disfigurement entitled *mask-face*, or *ephelis*, in which the countenance is mapped out as though stained with rhubarb. This latter condition may disappear in colder weather, or it may become chronic. Some persons, especially those of light complexion, in place of becoming brown, acquire a peculiar dusky bronzy hue, like a yellow negro, and even suggestive of disease of either the liver or the suprarenal capsules. 'T were better to forget the complexion, and seize the opportunity a vacation supplies of bracing the muscles, toning the stomach, and setting the bodily house in order, so as to return from one's outing in good solid health, irrespective of the tan, which is only skin-deep, and is no more a token of health than a showy case is a sign of a good watch. LOUIS LEWIS, M. D.

THAT APOLOGY.

THE Journal of the American Medical Association having editorially pronounced Dr. R. Harvey Reed a liar and a-fighting-liar-take-it-up-if-you-dare, the Journal of the American Medical Association now gravely tenders Dr. R. Harvey Reed its editorial apology therefor.

Very nice and proper; and highly gratifying to Dr. R. Harvey Reed. Only, it happens that the former expression emanated from editor Culbertson, and the apology is indited by editor Hamilton, who was pushed into the editorial chair, and Culbertson out, by means of the very circular to which the latter objected. Under these circumstances, Hamilton's apology for Culbertson's expressions seems to be a misfit. Up to date Culbertson does not appear to have done any apologizing.

PURE MILK.

A COMBINED effort to agitate the milk question appears to be on the program. In most of the large cities the medical journals are working the matter up, with a remarkable unanimity of season and sentiment. We most earnestly hope the movement will continue; and that as the circle of agitation widens, it will embrace some agitators who know something about milk. We may then stand a chance of having some really salutary legislation enacted on the subject. Physicians would heartily welcome any plan that would secure to their little patients a supply of pure, wholesome milk, at a reasonable price.

But we insist that in the discussion of this subject, the microbe shall not have the floor exclusively. The cow has her rights, and claims the consideration due her sex and her services.

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MASTITIS.

IN the TIMES AND REGISTER, of July 8th, I notice an article from you on the treatment of Mastitis. It is, no doubt, excellent, but I now always employ the following treatment, and, so far, successfully:—

R Fld. ext. poke-root 3i
" " jaborandi 3vii
Mix. Sig.—take 20 or 25 drops every four hours till relieved.

Locally:—Over a soft cloth spread a layer of camphor-ice, and on this scatter ten to fifteen drops of chloroform, and apply this over the breast. Renew this several times a day.

If the secretions are locked, I give a round of calomel in the beginning.

As above stated, so far this has been entirely successful. It soon gives relief, and the caked breast is a thing of the past. I have tried it in several cases where abscesses seemed inevitable, but the above aborted them and gave entire relief in twenty-four to forty-eight hours.

The jaborandi and poke root will not succeed without the local treatment,—it takes both and they do the work splendidly. Now, if anyone is not satisfied with his treatment of this trouble, I commend this for trial.

B. F. TERRY, M. D.,

RISING STAR, TEXAS.

[I think Dr. Terry's treatment would be effectual; though there is a prejudice against camphor because it is thought to dry up the milk. I have always used camphor when that was my object and poke root (phytolacca) when I wanted to abort the abscess and yet save the milk. Still, I am not fully convinced that this distinction can be made, and would like to hear from our readers on the subject.

I must ask leave to recall a case of my own, that occurred many years ago, when I was a beginner in practice, with few patients, and less cash.

Passing along the street I was accosted by a melancholy looking man, who told me he had a sick wife and no funds. I went in the house, and found a woman who was in high fever, with an intensely inflamed breast. They hadn't a cent and neither had I; so we were reduced nearly to first principles in our choice of remedies. I told them to apply very hot wet cloths to the breast, changing every minute, and continuing till relieved. Next morning the congestion had subsided, the abscess was aborted, without a drop of medicine, inside or out.—W. F. W.]

CONSTIPATION.

IN a case of obstinate constipation, due to lack of nerve force, caused by overwork, in a woman aged 35, and characterized by passages of hard fecal masses, at times more than two inches in diameter, causing excruciating pain, lasting three to six hours after movement, injection of sweet oil into the rectum and exsiccated or chemically pure sulphate of soda in water by the mouth, produced most happy results, the patient calling me "blessed."

JOHN A. CUTTER, M. D.

NEW YORK, 120 BROADWAY, AUGUST 1, 1893.

WEAK HEART.

I HAVE a patient (female), age 43 years, a multipara, who has been very much complaining for the past three months, with the following symptoms: Great lassitude, appetite not very good, tongue

not coated, pulse about fifty-five or sixty, and not very strong. She says she feels sometimes as if she will suffocate. Exertion seems to make her breathing *somewhat* difficult. She says that going up steps fatigues her greatly. Her ankles and legs swell moderately and pit upon pressure; the pit remaining for several hours. Her feet and legs hurt her a great deal. Menses are regular, no uterine trouble; urine contains no albumen; bowels are quite regular. Patient weighs 180 pounds, brunette, and when well, unusually cheerful and lively. At this time she wears a look of melancholy and dejection. I can detect no abnormal heart sounds. But what is the meaning of such a slow pulse? She sleeps well, and says she feels sleepy all the time. She follows the occupation of a housewife, but does not do any heavy work, such as washing, ironing, etc., she does considerable sewing for her own family. Please give me a diagnosis and treatment for which I will be very grateful.

C. C. GENTRY, M. D.

Elkton, Va.

[Dilatation of the heart, or fatty degeneration, or both. Put her on dry diet, spartein sulphate, gr. $\frac{1}{2}$, four times a day, iron and quinine.

—W. F. W.]

HAY FEVER.

I HAVE a lady patient who has had hay fever or asthma for several years. It commences on August 15th, I have given her in other years iodides, Fowler's solution, quinine, etc., internally; and oxygen, menthol, etc., locally; but all has not done much good. Any suggestions as to treating, or relieving the case will be gladly received.

W. J. HAINE.

WEST FARMINGTON, OHIO.

[To relieve, use one of McK. & R's. albolene atomizers, with comp. thymol or menthol spray. Also apply glycozone to the hypertrophied mucous membrane, several times a day. The spray should be used every time the inclination to sneeze is felt.

—W. F. W.]

Book Notes.

W. B. Saunders has published in tab-
lets, Dr. Keen's operation blanks: giving
lists of articles to be provided and direc-

tions for the preparation of the patient. The surgeon has only to run over this and cross off, or add on what he wishes, and hand it to his chief assistant. This insures against forgetfulness.

MISSOURI STATE MEDICAL DIRECTORY; Containing a careful revised list of Physicians, Dentists, and Druggists, together with the Colleges, Hospitals, Societies and Medical Journals of the State, arranged by counties for convenience of Society Secretaries. Pocket size, 120 pp., cloth, gold embossing. Published by *The Medical Fortnightly*, 1006 Olive Street, St. Louis. Price, \$3.00, post-paid.

We congratulate our St. Louis contemporary on its enterprise, in compiling and issuing this useful book.

Letters to the Editor.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF BOSTON.

IN the 29th of July number of the *TIMES AND REGISTER* your Annotations concerning this college need a little correction. It must be understood that the article you quote was written by a man with sensitive corns or troubled with the jaundice.

Whatever was the original idea in the founding of the college it is certain that no progress could be made in organizing a faculty on any other ground than that every member of the faculty must be a member in good standing in the Massachusetts Medical Society, and every man brought into that faculty was a competent and successful practitioner. True, the Massachusetts Medical Society would not recognize the College, and one need not travel all day to find reasons why, though the college had special power from the legislature to grant diplomas, which is more than some other tony colleges can claim. There was some chafing on the part of one or two of the professors, because of the delayed recognition; possibly excited from the outside for reasons. Consequently one of the faculty felt unreasonably crowded by another and resigned with feelings up against the crowder, swearing to have revenge. Accordingly, he watched opportunity and did it effectually, under circumstances involving the honor of all the faculty, unless the faulty one should take himself out of the way.

This he declined to do and a general resignation was the result.

Under the reorganization some of the former faculty returned and others were selected, making another good board of teachers. The college obtained the desired recognition by the Massachusetts Medical Society, which it had no trouble in obtaining from any other medical society. For eight years the college went quietly on prospering, with increasing number of students, till last June; when some crank notion got possession of the faculty and they presented that notion to the trustees, backed with a threat of resignation unless it was acceded to. The trustees could not do it and accepted their resignation, and proceeded to organize a new board with enlarged numbers of instructors—several to each of the leading subjects, with a liberal recognition of specialties. They have secured a building of their own and will have hospital and clinical facilities better than before. Large changes being undertaken, some time will be required to fully crystallize it all. The prospects however bid fair for great improvements and large increase of usefulness. When so many have hold of an enterprise, is it not a little singular that any should predict a failure because they are not in it? There is need of such a college here, and here it is, and it will remain.—C.

The Medical Digest.

The Calcutta Medical Reporter mentions a case where sneezing came on every morning when water was applied to the face. The patient recovered under the use of Fowler's solution in full doses.

TREATMENT OF IMPOTENCE.

It is, of course, of the first importance to remove, as far as possible, any local disorder of the genitals.

Treatment is, of course, of very little value in the congenital cases, but it should be tried if marriage has taken place. The use of such drugs as act as stimulants to the ganglionic cells—such as phosphorus, strychnine, quinine, sodium salicylate, and arsenic—is indicated.

The galvanic and faradic currents should be tried, the positive pole being placed over the dorso-lumbar spine, and the negative on the inner side of the thigh and perinæum, or we may pass the positive pole into the rectum.

Exhaustion of the sexual centers calls for the same medicinal and electrical treatment as in the congenital cases, but with this we should try and give the sexual system the most perfect rest by avoiding any cause which tends to excite it, and also anything which produces mental or physical fatigue.

Gentle, regular exercise, bathing, and other hygienic measures should not be omitted, and with these a diet rich in nitrogen, with which cod-liver oil may be combined. Irritability of the sexual centers, when due to engorgement, calls for some means of discharging the accumulated force, and this should be done at regular intervals.

Those cases in which it is due to abuse of the sexual functions require the most absolute rest. We should also remove any medicinal or dietetic cause which tends to stimulate the cells.

The diet should be, as far as possible, a farinaceous one. Coffee, alcohol and spices should be prohibited. Such drugs as the bromides, camphor and lupulin should be given freely, and the same hygienic measures should be employed. In both sets of cases, if there is feeble heart action and vaso-motor paresis, ergot and digitalis are of value.

Sexual perversion calls for the use of every means which will tend to break up the morbid habits of thought and restore them to their normal channels. We should try and keep the patient continually employed in some healthy physical or mental exercise. Hypnotism has proved of value in some cases, but, as a rule the prognosis is bad.

—Brush, *N. Y. Med. Jour.*

JABORANDI IN BRIGHT'S DISEASE.

The tincture is preferred to the alkaloid, as the latter has a decidedly lowering action upon the circulation.

Two cases were children brought to the out-door dispensary for treatment of puffiness of the face and eyelids. There

was no fever, but the face and the eyelids were preceptibly swollen. I suspected some derangement of the function of the kidneys. On examination of the urine, albumen was detected. They were both put on tinct: jaborandi. In a few days improvement set in, the swelling of the face gradually went down, and before I could satisfy myself of the complete disappearance of the albumen in the urine, they had ceased to attend the dispensary. I hear they are doing well at present.

In the third case, a man was sent to the dispensary for puffiness of the face and the eyelids. On examination of the urine by simple boiling, the whole mass of the urine was nothing but solid albumen. He was treated with tinct: jaborandi, and before a week had elapsed, the puffiness had almost disappeared, and the quantity of albumen had diminished by one-third. In about a fortnight, no albumen could be found, and all the puffiness had completely gone down. Latterly he was put on a tonic, and was discharged cured a week later. In chronic Bright's disease where chronic congestion had damaged the secreting structure of the kidneys, no good was derived from this derivative action of Jaborandi.—Mittra, *Calcutta Med Rep.*

TREATMENT OF GONORRHOEA.

1. Gonorrhœa may be cured if it be taken early enough so that the germs are not beyond control of local application.

2. The remedies must be radical germicides applied directly to the habitat of the gonococcus.

3. When gonorrhœa gets into the fallopian tubes, it is an incurable disease except by extirpation of the appendages.

4. Probably the best internal remedy in gonorrhœa is the balsam of copaiba. The urine secreted while taking copaiba seems to act on the gonococcus and cripple its multiplication.

For a local remedy, AgNO_3 solution of 10 per cent. is probably one of the most effective, while at the same time it is not destructive to surrounding tissue.

—T. Byron Robinson, *Med. Age.*

SYPHILIS.

The most generally effective treatment of secondary syphilis is by means of mercury. The form in which the metal is administered is of minor importance, and depends upon its rate of absorption and elimination, acceptability to the stomach, comparative tendency to occasion salivation, etc. Remember, also, that a too long continued use of the mercurial will occasion debility and prostrate the digestive powers. In such event, far from relieving the manifestations of the disease, it will but add to their gravity. Mercury in syphilis must be used intelligently, in order to be of permanent service.

We may give mercury by the mouth, by inunction, by fumigation, and by hypodermic injection. In the large majority of cases, questions of convenience lead us to administer the remedy by the mouth. The combinations of mercury which are most generally in use are the green iodide, corrosive sublimate, the gray powder, and the biniodide. The tannate, the salicylate, the benzoate, and other salts have likewise been employed with advantage. I am much in the habit of relying upon the green iodide, in doses of $\frac{1}{8}$, gradually increased to $\frac{1}{4}$ or $\frac{1}{2}$ grain three or four times a day. It is very well to associate with the mercurial a small dose of tartar emetic, on account of its action upon the secretions. If the mercury loosen the bowels, a little opium can be added to the prescription. In the case of our first and second patients, who are both vigorous young fellows, I shall order:—

R Antimonii et potassii tartratis gr. v.
Hydrargyri iodidi viridis . . gr. xv.
Pulveris opii gr. v.
M. et ft. pil. no. lx.

—Shoemaker, *Med. Bull.*

Wild Yam for Horses.—Dr. Boswell, of Talladega, Ala., says: I have found fluid extract wild yam (P., D. & Co.) one of the finest things in the world to treat colic in horses, giving one to two tablespoonfuls at a time. It will relieve a horse with colic almost invariably, and is in my veterinary practice a standard remedy.

—*Med. Age.*

HEADACHE.

In adults, congestive headaches more frequently occur in men and are often due to frequent wine and dining. The head pain is described as being a feeling of fullness, a throbbing, beating head. The treatment by blue pill and salts, with dietary restrictions, is effectual in curtailing the duration of the attack. A full dose of bromide of potash, or of one of the effervescent salts of caffeine or antipyrin often relieves the pain. The English gentleman prescribes for himself on such occasions the juice of half a lemon in a glass of apollinaris water.

There is also the congestive headache due to prolonged brain work. It is perhaps needless for me to remind you that when an organ is functioning it requires more blood than when at rest, and that after prolonged mental work there sometimes is a passive cerebral congestion. This is seen in lecturers, ministers, jury lawyers, and students cramming for examinations. It is usually accompanied with restlessness, general fatigue and insomnia. The patients complain of a feeling of pressure on top of the head.

There is also dizziness, ringing in the ears, and photophobia. If these attacks are frequent there gradually develops a capillary dilation, due to the frequent active hyperemia, and then a chronic congestion may occur, and we then have a chronic headache most difficult to cure. These headaches are made worse by the worker taking stimulants as a spur to the flagging energy.

My treatment in these cases is, cessation of work where possible; first thing in the morning before rising, a cup of black coffee; a spinal douche, 40 degrees, at ten or eleven o'clock.

R Tinct. nucis vom., 1 oz.
Elix. gent., 2 oz.
Acid. phos. dil., 1 oz.
Elix. pepsin, 2 oz.

Sig: A teaspoonful in water three times a day.

If the heart is flagging, give a little digitalis. At night I have them take a sponge bath with cold salt water before retiring, well rubbed, in order to stimulate the peripheral circulation, and deplete if possible the engorged cerebral circula-

tion. If, after being in bed one hour, they do not sleep, I give :

Ergot, m. xxx

Pot. brom. gr., xxx to lx.

In the congestive headache of old people I have had some good results from continued small doses of ergot. In some chronic cases which have yielded to no other treatment, potassium iodide in fifteen to twenty grains a day relieves the severity of the pain.

In the headache occurring at the menstrual period in which the pain is frontal, extending from the root of the nose over the eyes to the temples, Dr. Glasgow of St. Louis, reports that in a number of cases he has given immediate relief by pricking the congested cavernous bodies, and thus causing free local blood letting. This I have never tried, as it requires some manual dexterity which I do not possess.

The syphilitic headache is marked by great violence. The pain is usually vertical and may be diffused or localized. Its characteristic accompaniment of scalp tenderness and nocturnal increase of pain make the diagnosis sure enough to warrant questioning the patient as to his personal history, and to treat him antisyphilitically, even though we meet with a denial of specific disease.

I have not found as prompt results with small doses of mercury in these cases as I have with doses of potass. iodide of from fifteen to twenty grains three times a day. This may be due to the fact that the majority of my cases have had the headache as a late symptom.

The headache due to cerebral growth, the toxic headache, arising from the use of drugs, the headache occurring in the course of acute febrile diseases, of which typhoid fever and la grippe are examples, the headaches which occur in rheumatic, gouty and lithemic subjects form a group, the treatment of which is a part of the treatment of the disease of which it is a symptom, and will not therefore receive special consideration here.

The headache due to reflex causes, chief of which is some eye defect, are to the general practitioner of the most baffling character. This is so because, even though the patient is asked if there is any trouble noticed in using the eyes,

we often are answered: "No, my eyes are perfectly strong. I can see perfectly." An examination with the test type, which is the only way we who are not oculists have of examining the eyes, often reveals what we estimate as normal, or near enough to normal vision, and then we dismiss the eye question from the case. Or perhaps the patient may be wearing glasses, and will mention the name of some well known oculist who fitted the glasses, and pronounced them correct. The general practitioner must indeed be bold who will persist in clinging to the idea that there is still an unsolved ocular problem. But my experience with rather a large number of patients of this class has forced me to the conclusion that oculists may differ in their mathematical calculations as surely as we will differ in our prescriptions for disease. It is not uncommon to have a patient examined by two different competent men, and receive different glasses from them. This I believe, is not always because the measurements taken differ, but because oculists differ as to the advisability of giving full correction or only a partial correction. What may be the correct view to be taken in case of fitting glasses for correcting defective vision unaccompanied by nervous symptoms, it is not within my province to say, but in those cases in which the defective eyes are accompanied by headache, I am convinced that in the very large proportion of chronic cases the error must be fully corrected, and corrected after the use of a midriatic before we can eliminate the eyes from the case.

In reference to the cases in whom we find loss of muscular balance, we must wait for the decision of the oculist as to the relative value of tenotomies and prisms.

In the cases due to ocular defects which have existed for a long time, the patients will as a rule require treatment for a considerable time after the proper correction has been made.

—J. W. Putman, *Jour. Am. Med. Asso.*

HYDRIODIC ACID.

In iodine we possess an agent endowed with several qualities of which we have constant need. It is not only alterative,

but solvent and sorbefacient, and would have been in far more general use but for the fact that a large number of persons, perhaps a majority, have found that digestion was so seriously interfered with by its ingestion in the only form familiar, iodide of potash, that they would have none of it. In that form it produces a violent and disgusting coryza, with hoarseness and sore throat, sometimes so severe as to be alarming.

Some years ago, I recall ordering for a tabetic patient five grain doses of potassic iodide in syrup of sarsaparilla. The next day the man returned to me with blood-shot eyes, streaming nose and raucous voice, crying out that he had been poisoned sure, and was only withheld from swearing out a warrant for my arrest on a charge of attempted homicide, by his friend's statement that a mistake might have been made by the druggist, and he had better go slow with the doctor who was probably the only man who could correct it. To appease him, I swallowed half a dozen doses, and in a few hours was as uncomfortable as he was, in the same way. That settled the matter, except that all hands, myself included, set me down for a fool who could not tell what his own medicine was going to do.

Gardner's syrup has changed all that. It is agreeable to eyes, taste and stomach, non-irritant to mucous membranes and keeps well. It is best to keep it cool and dark, but I have a bottle in my light rooms in Providence, two years old, that has remained unchanged; and at my suggestion, Mr. Gardner has recently sent samples to a leading physician in the West Indies, who will give it a thorough test in a tropical climate.

It is too valuable a remedy to remain uncopied, but I am quite satisfied that Mr. Gardner is entitled to priority of its preparation in the form which bears his name and that his syrup is the only one of several that I have seen which remains unaltered for a length of time.

—Hutchinson, *N. E. Med. Mo.*

LATE PUERPERAL INFECTION.

It is evident that in the treatment of septic infection two objects must be kept in view. First, the removal of the septic

focus, where this is possible, and second, the sustaining of the patient's powers of resistance. In all cases where the seat of the infection is in the uterine cavity, the treatment first advocated by Polk for simple, non-puerperal endometritis is the one and only method.

The patient is placed upon the cross-bed on a rubber pad and the vagina cleansed with an antiseptic douche. A bivalve vaginal speculum is introduced, and the cervical canal, if closed, rapidly dilated. I use Goodell's large instrument for this purpose. The cavum uteri is then thoroughly scraped with the sharp curette—Thomas' or Simon's—a cervical speculum introduced, (Polk's), and all blood and debris washed away by a hot antiseptic lotion. The cavity is then packed through the speculum with antiseptic gauze, for which purpose I prefer iodoform, from one to three yards one-half to one inch wide usually being required. The cervical speculum is then withdrawn, and the vagina packed with several yards of the same gauze two inches wide. Unless too painful contractions are set up by the presence of the gauze, it may be left undisturbed for three or four days. It is then reeled out by pulling on the free end, and an antiseptic vaginal douche given twice a day. The action of the gauze is probably purely mechanical, the uterus and tubes being drained of any septic or other material which they may contain. The uterine contractions brought about by the presence of the foreign body also facilitates a healthy involution.

The general treatment of the patient should chiefly consist in giving the most nutritious and most easily assimilated food, and the administration of alcohol, in the form of spirits and wine, in liberal quantities. I have found whisky and port wine the most efficacious. Later on systemic tonics should also be employed when indicated.

—W. P. Manton, *Am. Gynec. Jour.*

INDUCTION OF PREMATURE LABOR.

Several methods have been employed, some of them useless, others dangerous. All the measures resorted to have for their object the originating and maintaining of uterine contractions.

Oxytocics of all kinds, such as ergot, electricity, etc., are useless or dangerous; also frictions on the neck of the uterus or abdomen, the tampon and colpeurynter; these are slow and only preparatory. The introduction of sponge-tents in increasing sizes, has succeeded with some, but are not to be used in cases requiring prompt delivery; moreover, they soon become very offensive, may become a source of sepsis, and cause the premature rupture of the membranes, the integrity of which you wish to preserve as a protection to the child.

The *Cohen method*; which consists in injecting the uterus between the membranes with seven or eight ounces of tar or pure warm water, is a very dangerous method, by which several lives have been suddenly lost on account of air entering into the veins and being carried to the heart; especially if the membrane has been accidentally ruptured. I myself came near killing three or four women by this method before I knew better. They had very narrow escapes from death by heart paralysis and syncope. The injection into the uterus of carbonic acid gas, as suggested by Simpson, is also a very dangerous practice. Therefore, the Cohen method is to be absolutely rejected.

The *Kiwish method*, which is the directing for two hours at a time a stream of alternating hot and cold water against the cervix, is only a preparatory measure. This method is occasionally very dangerous, producing death from shock. Tyler Smith used it until he met with a fatal case. Olshausen, Simpson, Depaul and Tarnier also had deaths from this method. It is very strongly condemned by Barnes, who also quotes several unfortunate cases, and is, at the best, only preparatory to the next, and far the best procedure, namely, that of Krause, now generally employed in Europe and America.

The *Krause method*. After the patient's bowel and bladder have been well evacuated, the vagina thoroughly washed with warm water rendered antiseptic with two per cent. of creoline or five per cent. of carbolic acid, using no bichloride of mercury, which is always so dangerous, a No. 12 English bougie, not catheter, as this may carry germs, is oiled with

carbolyzed oil. The woman is placed in Sims' semi-lateral position, a Sims' speculum being introduced, the anterior lip of the cervix is secured by a strong vulsellum, and the bougie is gently introduced through the cervix into the uterus, following the axis of the superior strait. The bougie is guided between the uterus and membranes, to the depth of about eight inches. The vaginal end is then tied into a knot and left there. The vagina is stuffed very fully with iodoform gauze, which acts also as a tampon, soliciting uterine contractions. In packing the vagina, avoid the course of the urethra, in order to prevent the necessity of catheterization. Then you can leave your patient, and you will probably be called within six or twenty-four hours. The uterine contractions will then have begun and the cervix found softened. Then the bougie should be withdrawn, the os dilated forcibly with the fingers, and, if still remaining contracted, and the case be very urgent, multiple incisions around the os, with a probe-pointed bistoury or scissors should be made, the Barnes' bags, modified by McLean, are then to be used, and when sufficient dilatation is obtained, rupture the membranes and terminate rapidly the labor with the forceps on the head, or on the child's pelvis if it present by the breech. These operations should be performed quickly, but prudently, as it is the child's life which is to be saved, the mother being in very little danger. Reliable statistics show that nine out of ten children, and twenty out of twenty-five women are saved by this operation.

Some failures by Krause's method have been reported. The failures were caused by the bougie not having been introduced far enough. Sometimes it is best to re-introduce a larger bougie and separate the membranes further, by a to-and-fro movement. If, in so doing, the membranes are accidentally ruptured, it is a slight misfortune, somewhat dangerous to the child before dilatation, uterine contractions being solicited by this rupture. If the passage of the bougies takes place between the placenta and the membranes, there need be no fear of a dangerous hemorrhage, as the blood will coagulate in the narrow path made by the bougie and stop the hemor-

rhage, the hyperinosis of the blood of pregnant women favoring much its coagulation.

The above is the technique which I have followed in about a dozen instances, when I provoked premature labor; with the recovery of ten of the children and all the women.

Dr. E. Lemoine, a very able obstetrician of this city, will remember an interesting case we saw together several years ago. The patient was a lovely young married woman pregnant seven months. The induction of premature labor was decided upon, on account of the patient's lordosis and a contraction of the true conjugate diameter, it being not above two inches. This had been ascertained previously by a careful pelvimetry, and, parenthetically, I must say that the art of accurate pelvimetry is not taught enough in our schools of medicine.

The Kiwish method was used in this case, as I was not then acquainted with its dangers. After douching the cervix for two days, it was found dilated enough to introduce a bougie and bring the labor to its termination. The child was lost; but the mother recovered. I since learned that during a subsequent pregnancy, she died, as a consequence of labor not having been provoked prematurely. This is an instructive lesson for us.

Among the most trying cases I had was that of a very feeble woman suffocating and cyanotic from a fearful attack of asthma. The labor was brought on by the above measures in the incredible time of two hours, to her prompt relief. The child was near term and lived.

It must be remarked, in conjunction with this case, that the womb of some women is so irritable that the slightest provocation will awaken its contractions, causing it to throw away its contents.

If the mother's condition demands an immediate delivery, the method is as follows: Place the woman in Sims' semi-lateral position, use Sims' speculum, give a large antiseptic douche, seize the anterior lip of the cervix with a strong vulsellum, introduce the bougie, as stated above, leave it a short time, use forcible dilatation of the cervix with fingers, and Barnes' bags, if at hand, if cervix still remains hard practice multiple incisions around it with a probe-

pointed bistoury or scissors, rupture the membranes, and when the cervix is dilated to the width of three fingers, apply the forceps, or have recourse to bipolar version; secure the retraction of the uterus, which is taken by surprise; if not, you will have a post-partum hemorrhage; remove the placenta and examine it to ascertain if it be entire. Afterwards use antiseptic douches for several days.

—Boisliniere, *Amer. Gynec. Jour.* —

ELECTRICITY IN RHEUMATISM.

A few words as to the effect of galvanism upon morbid conditions existing in the human system will explain the happy results often obtained in the use of this agent in rheumatism. It acts as a direct stimulant, and increases the supply of blood to the parts. It increases the heat, as well as the volume of the parts subjected to its influence, by augmenting the contractile energy of the vascular system. It counteracts the secondary changes which obtain in inactive nerves and muscles and tends to restoring their lost functions. It also tends to soothe and tranquilize the most nervous organism, and to remove morbid conditions of the tissues arising from defective circulation. Through its electrolytic or decomposing potency we may be able to discuss pathological concretions which accumulate in diseased regions, and, by disturbing the particles of matter that enter into the formation of nerves and muscles, excite them to healthful activity. Too much care and patience, however, cannot be exercised in the use of this agent. Many a nervous patient has been frightened, from the use of electricity by heroic treatment, that might have been relieved, and years of suffering dispelled, but for the imprudence of the operator in using a current of high tension. The mere application of a couple of electrodes to a diseased joint, without observing the *technique* necessary to a proper application of the galvanic or faradic current, is very apt to prove disappointing to patient and operator. The electrodes should be large, and under no circumstances applied when cold. The patient should be so placed that chilling of the parts is impossible, as otherwise what would be a

successful *seance* will result only in harm. Every effort should be made to increase the conductivity of the skin, since it offers the greatest resistance to the passage of the current. This is best done by wringing the electrodes out in a hot solution of bicarbonate of sodium and then applying at once. By this plan much stronger currents can be used without damage to the skin, which is always to be avoided.

As to the dosage of electricity, any joint where you can apply the hand-sponge—such as the knee, shoulder, or wrist—may receive from 15 to 20 milli-amperes, but not much more without having difficulty with the skin. It is undoubtedly true that we could get better results from the use of stronger currents, but with our present imperfect system of electrodes, it is questionable whether it would be advisable to use them. In a few cases that have come under my care, of the milder forms of sub-acute and muscular rheumatism, where the very large electrodes of the cabinet were used, combined with heat, a single application of the galvanic current was sufficient to cause complete relief without return of the painful symptoms. This happy result will not often be obtained in the average run of cases that appear, but, as an adjunct to other treatment, galvanism cannot be too highly extolled.

—C. E. Fowler, *Occidental Med. Times*.

NASAL CATARRH.

Of direct remedial measures, cleanliness is of the first importance. Alkaline solutions soften the mucous crusts that form in the nose, and permits their ready expulsion in liquid form. The patient should use twice daily a weak solution of bi-carbonate of soda, or baborate of soda, to wash out the nose, either by snuffing up the liquid or by using an atomizer with a coarse spray.

The douche or the syringe should be avoided, because they both do more harm than good. Mild astringents, of which resorcin is probably the best, should be used as a spray after the membrane is thoroughly cleansed. If there are any

spurs on or deflections of the septum these must be removed by operation before one can hope for a cure. The hypertrophied connective tissue in the turbinated bodies must be destroyed either by surgical means or by the use of some form of cautery. These parts are so vascular and so sensitive that, while the snare gives rapid results in the removal of the hypertrophy, its use is attended with a great deal of pain; it is apt to be followed by troublesome hemorrhage, and the constitutional reaction is so severe that the patient is not infrequently confined to bed from twenty-four to forty-eight hours with a secondary neuralgia. Caustics are equally serviceable, and the above objections do not apply to their use. Of all forms of cautery, the galvano-cautery is decidedly the best, where it can be obtained. But the galvano cautery is expensive, and unless frequently used it is apt to be out of repair at the time it is wanted.

For the physician in general practice, chromic acid is probably the best destructive agent. It is superior to all other caustics for a chemical reason: for every molecule of hypertrophied tissue destroyed by the acid a molecule of the acid itself is oxidized and rendered inert, so that we do not have the liability with this agent to an extensive destruction, such as is the constant danger with the use of glacial acetic acid or other form of caustic. To destroy the overgrown tissue in the nose, a bit of cotton moistened in a 10 per cent. solution of cocaine should be applied directly to the hypertrophied point; after it has remained in contact with the membrane for five minutes there will be complete local anæsthesia without any of the constitutional effects of the drug. Then, with a small bit of cotton wrapped tightly on the end of an aluminium probe, a saturated solution of chromic acid is applied directly to the hypertrophied point. The purpose is to produce, not a large, superficial, but a small, deep slough, and in this way destroy the new tissue and bind down the dilated blood-vessels by the scar contraction. This cauterization should be repeated at another point in one week when the point first attacked has healed.

—Thompson, *Lancet-Clinic*.

THE USE OF CHLOROFORM IN MIDWIFERY.

It would be interesting to learn what proportion of normal labor cases in this country are facilitated, and the pangs of the acme of the second stage mitigated, by use of a small quantity of chloroform. It is safe to say that, whether the practitioner has been taught in his student days to use it, or has been instructed on that other line which has fully developed in it all the merits and demerits of conservatism, that nature is the best midwife, and should be left to take her course, he will not use it more than once or twice in practice without being converted to its use in every case, normal or other, in which it is not specially contra-indicated. The safety of the procedure depends, as is now well-known, upon two points; first, that the pain of the end of the second stage is sufficiently controlled by far less anæsthesia than would be necessary for surgical purposes. less too than would be needed to stop either uterine contractions or even the contractions of the abdominal muscles. The second is that the intra-abdominal pressure before evacuation of the uterus has occurred, is too great to make it possible for the patient to inhale too much.

As to the *modus operandi*, an assistant other than the nurse is not needed; as the accoucheur can superintend the first inhalation, and then let the nurse give, under his direction, after whiffs if necessary while he is engaged at the delivery of the head. Vomiting is not apt to follow the use of the small quantity needed. If the accoucheur choose, he may give the woman a cup or tumbler, with some absorbent cotton in it upon which he has poured a little chloroform or A. C. E. mixture, and she can use it as each pain comes on, unconsciousness causing the falling away of the cup when enough has been inhaled. The main objection to its use has been the fear of increasing the liability to *post-partum hæmorrhage*. If used for any purpose after evacuation of the uterus that fear is well founded, from the risk incurred of uterine relaxation. But that need not be feared if the chloroform is used only during the second stage.

—*Canada Lancet.*

LARGE DOSE OF MORPHINE FOR AN INFANT.

A few weeks ago I was called to see a child of nearly seven weeks of age. The nurse informed me that the child was found on her door-stoop when but a few moments old, and she had taken it in and cared for it the best she could, giving it the various baby-foods that she knew of. On inspection I found a very much emaciated child, with a cleft palate, the bowels moving very freely, and vomiting everything that was given it, suffering great pain, seeming to be on the verge of convulsions and collapse. As nothing would stay on the stomach, or in the bowels. I concluded to give it m. j of Magendie's sol. hypodermically, but was sent for in an hour or two as there had been no change for the better. Gave it m. iij, as before, and was informed in a few hours that "baby was just as bad." I then gave it m. v. In about twelve hours returned, but found very little change; it was suffering just as much as on my first visit. Ten minims was then given hypodermically, and when I returned the nurse informed me that the bowels were not moving so often, nor was there as much vomiting, but the baby had not slept ten minutes from the last dose given. The next day we had a return of all the former symptoms, and I then gave it twenty minims hypodermically. In about fifteen hours returned, and the nurse informed me that "the last dose did about as much good as the one before, some better again in bowels, and less vomiting, slept about fifteen minutes, and had been very restless." The next evening, some twenty hours after giving the twenty drops, the child looked very bad, and did not look as though it would live but a short time, and trying to be as merciful as possible, and finding that morphia had no bad effect, and but little good effect, but as there was nothing else that could be given and remain in it long enough to do any good, I gave it sixty drops of Magendie's sol. In about twenty-four hours I returned and was informed that the baby slept about fifteen minutes, but the bowels were not so bad, and had taken more nourishment and retained more than before. It went on

with varying symptoms, sometimes better, and sometimes worse, for several days, when it had an attack which seemed even worse than any previous one, and feeling that it was only a matter of time, and wishing not to see the little one in such agony, I thought if I did give one drop too much, it would be doing no less than we would do for any other suffering being, I gave it *eighty-five minims* of Magendie's sol. hypodermically. Returned in twelve hours, or thereabouts, and found that baby slept about twenty minutes, and that vomiting and diarrhoea was less, and had taken some nourishment, and from that time on never had anything like such an attack of stomach and bowel trouble, but had had colicky pains as any child would have with almost no digestion. These pains were controlled after this with small doses of chloral; but the child lived until it was a little over twelve weeks old, and died of marasmus. The solution used in this case was two grains of morphia to the drachm.

—C. B. Richmond, *Gross Med. Coll. Bulletin*.

JACKSONIAN EPILEPSY.

Man, æt. 30, fell on his head, receiving severe scalp wound of occipital region; no fracture recognized. For a fortnight he was dull and listless, with paralysis of sphincters; subsequently he became maniacal. He apparently completely recovered. Nine months subsequently he had a spasm of left hand and arm, and partial left facial paralysis. Three months later (a year after injury) he had violent epileptiform fits. He was readmitted to hospital, where in the first 48 hours, he had 46 fits—each of the same character. The left hand and arm began to twitch, arm becoming flexed at elbow; twitching then spread to face, both legs and right arm; eyes turned up and to the left; muscles of the left side contracted more violently than those of the right, but came to rest sooner, as the fit passed off. Fits were followed by profuse sweating; conjugate deviation of eyes to right and rapid return of consciousness.

Although not corresponding to the scar of scalp wound, it was decided to

trephine over right motor area, and as it was doubtful which arm centre was most involved, a two inch trephine was employed; it was found necessary to enlarge this opening upwards and forwards, as only the edge of the trephine struck the lesion, which was apparently an altered blood clot, about the size of a sixpence, tightly adherent to dura mater, and apparently replacing the cortical brain substance the white brain substance being clearly visible through its somewhat transparent tissue; all adhesions were separated and wound closed. Next day left arm was completely paralyzed, with slight facial palsy and dilatation of right pupil. He was unable to move the eyes to the left of middle line. The recovery of motion in arm was gradual. He was first able to move the shoulder muscles. On 5th day he was able to move the elbow, but not the hand; by 29th day he could flex the fingers well, but had no power of stretching out hand or arm, and two months after operation he recovered power of extending fingers and stretching out his arm so as to pick up any object: he gradually also recovered power of moving eyes to left of middle line.

He recovered sufficiently to return to his work as an engine fitter, and has had no fit since the operation (1 year and 5 months.)

The exact site of lesion was the posterior portion of the superior frontal convolution, centre No. 5. and the slow return of the power of extension of the arm and of moving the eyes to the left demonstrates the accuracy of Ferrier's observations in this respect.

—Ball, *Med. Press*.

PYELITIS IN CHILDHOOD.

First is diet. In the acute form the patient should be kept in bed till the urine be normal and micturition easy, with milk diet and luke-warm baths, every second day a good rubbing. In the summer months his residence should be at the sea coast with luke warm sea water baths. In chronic cases the wells of Vichy, Karlsbad, and the different carbonic springs as Biliner, Sauerbrunn, Preblauwasser, Krondorfer, Sauerling, etc., may be found beneficial. In one case under my own care I saw a decided

improvement under the use of Preblauwasser. In place of those mineral waters aqua calcis, 2 to 600 grammes several times a day, may be substituted. In the early stages of acute pyelitis, tannin, alum, plumbum acet. are often found useful; in chronic cases small doses of extract secale cornutum has been administered with advantage. The usual course of pyelitis calculosa is complicated with pain which must be relieved, and the best are narcotia, clysmata, with chloral, small doses of opium preferably in the form of morphia. In elderly children morphia injections and baths may be administered with good effect. For the lithate and oxalate diatheses the alkalies are the best. When depending on retention of urine emptying the bladder with the catheter and washing the bladder with a weak solution of the acetate of alum. Internally, the acid salts may be given as acidum nitricum, acid tannin, etc. When the uræmic phenomena appear, baths, wet sheets, and all the usual train of uræmic medicines may be applied.—Monti, *Med. Press*.

News.

POSTPONEMENT OF THE INTERNATIONAL MEDICAL CONGRESS.

NEW YORK, August 6, 1893.

The undersigned chairman of the American National Committee of the Eleventh International Medical Congress has received the following cablegram.

GENOA AUG. 4, 1893.

Dr. Jacobi, 110 W. 34th St, New York. "Congress postponed to April, 1894. Letter follows. Maragliano." This official information communicated by the Secretary General of the Congress interrupts the preparations made for it. As many of our medical fellow countrymen have been preparing to visit the Congress which was to be held on September 24th. I trust you will give the news herewith transmitted the greatest possible publicity.

Very respectfully,
A. JACOBI.

THE PENNSYLVANIA INSTITUTION FOR THE DEAF AND DUMB, Mount Airy, Philadelphia, Pa.—This institution provides two separate and distinct systems of instruction for its pupils, the manual system and the oral system. The manual system seeks to give mastery of written and printed language through the use of the manual alphabet and signs or gestures; the oral system gives speech and lip-reading in addition to written and printed language, without the employment of signs or the manual alphabet. Upon admission all pupils are placed under pure oral instruction; if upon due trial it is found that the child has fair prospects of mastering speech and lip-reading, its education will be carried on under oral methods; but if, on the other hand, it is discovered that this is impossible, resort will be made to the manual system. The course of study covers a period of ten years and includes thorough instruction in language (oral and written) arithmetic, history, geography, physiology, natural philosophy, and political economy.

In the Industrial Department are taught printing, shoemaking, tailoring, carpentry, and painting and glazing to boys, and dress-making, tailoring, knitting, shoe-fitting and cooking to girls. To these trades, full as they are now are, will be added in a short time blacksmithing, plumbing, brick-laying, plastering, weaving, fancy needle-work and millinery.

A TOUR ABROAD.—Dr. William Easterly, Ashton, Professor of Gynæcology in the Medico Chirurgical College, is spending the holiday in the Old World, where he will combine professional observation with the pleasures of travel. During his stay in Europe Professor Ashton intends to visit the great medical centres—London, Paris, Berlin and Vienna. He will examine the chief hospitals and clinics of those capitals, especially those devoted to gynæcology. The professor will make use of every opportunity to observe the technical methods employed by the most distinguished teachers, and, from his well-known energy and enthusiasm, as well as operative skill, his sojourn abroad will,

from a medical point of view, be interesting to himself and a source of profit to his next winter's classes. We cordially wish that Dr. Ashton's summer trip will be all that he could desire as regards professional interests, health and recreation.—*Med. Bulletin.*

VISITING ABROAD.—Dr. L. Webster Fox, Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, recently sailed for Europe. Dr. Fox expects to be absent for two or three months. We will visit England, where he has many friends, and will take an opportunity of inspecting the hospitals of the British Metropolis, especially those devoted to ophthalmological work. Dr. Fox began his career as resident in the celebrated Mooresfield Hospital. After a journey to numerous places of interest in the British Islands, it is the intention of Dr. Fox to cross the Continent and renew his acquaintance with the cities, hospitals, and resorts of France, Germany, and Austria.—*Med. Bulletin.*

MONTHLY BULLETIN OF THE NEW YORK STATE BOARD OF HEALTH. For June, 1893.—June and November are the two healthiest months in this State; there was an average daily mortality this month of 291, which is the lowest for two years, excepting last November. The epidemic of grippe, which began in March, has practically come to an end in its active prevalence, although deaths continue to be reported as due to its effect, and will be for some time yet; the present epidemic is estimated to have caused 4,300 deaths and is the mildest of the series occurring during the past three and one-half years. The death-rate in 145 cities and large towns, representing a population of 4,765,000, was 18.50 and of the entire State, allowing for returns yet to come in, about 17.50. Of zymotic diseases, the only one showing an increase in mortality is diarrhoea, but the customary rise in the number of deaths from diarrhoeal diseases in June is less than usual by one-third. Whooping cough which has been prevalent, especially in the Maritime district, is decreasing. Diphtheria has diminished in mortality, as is customary. Scarlet Fever

is less prevalent than a year ago. Smallpox has developed in Yonkers, fifteen cases being reported, and in Sing Sing, nine cases reported; the ten deaths all occurred in the Maritime District. Acute respiratory diseases caused little more than half the mortality of May; and all local diseases have a largely diminished mortality. The diminution in mortality from all causes, is distributed through all parts of the State, but most markedly in the Eastern and Northern districts where the death-rate is less than it was a year ago. During the six months of the year there have been 63,154 deaths, making a death-rate of about 21.30 per 1,000 population, annually. The weather during the month was generally fair—equable. The mean average barometer was 30.00, with but little variation; the rain fall was 2.05 inches, which is 3 inches less than in May and 1.45 inches less than the normal. The average thermometer was 69°, with little variation throughout the State, and was three degrees above the normal.

A DAY AT THE WORLD'S FAIR HOSPITAL.—Quite an interesting clinic is to be found at the World's Fair Hospital, judging from the following list of the cases presenting themselves in one day:

1. Nervous exhaustion.
2. Simple colitis.
3. Simple dermatitis.
4. Simple diarrhoea.
5. Foreign body in the eye.
6. Stomatitis.
7. Headache and constipation.
8. Lacerated wound of right index finger, without bone involvement.
9. Sprain of ankle.
10. Contusion of the head.
11. Broken needle in left hand.
12. Foreign body in the eye.
13. Foreign body in the eye.
14. Uncomplicated diarrhoea.
15. Diarrhoea.
16. Neuralgia.
17. Neuralgia and vomiting.
18. Diarrhoea.
19. Scald of left hand.
20. Headache.
21. Headache and vomiting.
22. Toothache.
23. Syncope, with face and head contusion from fall.

24. Active entero-colitis.
25. Active entero-colitis.
26. Simple fever.
27. Lumbago.
28. Punctured wound of hand.
29. Diarrhœa.
30. Toothache.
31. Debility (old age).
32. Diarrhœa.
33. Œdema of right eye. (simple).
34. Pharyngitis.
35. Incised wound of ear and thumb.
36. Active entero-colitis.
37. Furuncle.
38. Toothache.
39. Debility.
40. Active entero-colitis.
41. Abrasion of foot.
42. Indigestion.
43. Diarrhœa.
44. Intestinal colic.
45. Syncope.
46. Abscess of right eyelid.
47. Abscess of ear.
48. Headache.
49. Contusion of ankle.
50. Diarrhœa.
51. Bronchitis.
52. Burn of right hand from electricity.
53. Simple fever.
54. Compound fracture of first, second and third fingers of the right hand.
55. Contusion of little finger.
56. Diarrhœa.
57. Laceration of right ear.
58. Sprain of left arm.
59. Syncope.
60. Crushed index finger necessitating amputation. —*Chicago Clin. Review.*

FRANK LYDSTON AS A PROPHET.—
 "As for William A. Hammond—well, we did have an idea there might possibly be something in the Elixir until he endorsed it. If anybody thinks that the new sanitarium in Washington will not go, he knoweth little of Hammond's commercial talent. We are in a *qui vive* of expectation of the new novel; surely so fertile a brain can find material in the 'necessary parts of the lamb.' . . .
 If there is a man in the profession who is any wiliier or less to be depended upon than William A. Hammond, we have never heard of him. His insincerity is as pronounced as the brilliancy of his

imagination—an imagination that enables him to invent new diseases and write trashy novels with equal facility. No one understands psycho-therapy better than he; indeed, his practice is a combination of metaphysics and the optical delusions incidental to confrontation with a glittering armamentarium which would put the Patent Office to the blush. 'O quackery, where is thy sting? O science, where is thy victory?'—*Western Medical and Surgical Reporter*, September, 1889.

DR. W. MAY REW has turned up in New York, where he had constituted the entire faculty, trustees and outfit of a "Preparatory Medical College," and had opened up a trade in diplomas at \$20.00 each. But the police gathered him in.

WEEKLY REPORT OF INTERMENTS.

PHILADELPHIA, AUGUST 7, 1893.

Deaths and interments in the City of Philadelphia, from the 29th of July to the 5th of August, 1893.

CAUSES OF DEATH	Adults		CAUSES OF DEATH	Adults	
	Adults	Minors		Adults	Minors
Alcoholism.....	1		Inflam'n Bladder.....	1	
Apoplexy.....	9	1	" Brain.....		14
Asthma.....	1		" Bronchi.....		1
Anæmia.....		1	" Kidneys.....	8	
Bright's Disease.....	11	1	" Heart.....	1	
Burns and Scalds.....		3	" Liver.....	1	
Cancer.....	11		" Lungs.....	10	8
Casualties.....	7	2	" Perito'm.....	5	2
Congestion of the Brain.....	2	6	" Sto. & Bls.....	14	11
Congestion of the Lungs.....		2	" Bones.....	1	
Congestion of the Liver.....	1		" Parotid Gland.....	1	
Cholera Infantum.....	90		Marasmus.....		30
" Morbus.....	3	1	Measles.....		3
Cirrhosis of the Liver.....	2		Obstruction of the Bowels.....	1	
Consumption of the Lungs.....	31	4	Old Age.....	17	
Concussion of Brain.....	1		Paralysis.....	3	
Convulsions.....	15		Purpura Hemorrhagica.....	1	
" Puerperal.....	1		Pyæmia.....	1	
Cyanosis.....	1	3	Rheumatism.....	3	
Debility.....	1	5	Shock, Surgical.....	2	
Diabetes.....	2		" Septicæmia.....	1	
Diarrhœa.....	5	2	Sore Mouth.....		1
Diphtheria.....	1	10	Sclerosis of Larynx.....		1
Disease of the Heart.....	18	8	Suffocation.....		1
Drowned.....	1		Suicide.....	3	
Dropsy.....	3		Sunstroke.....	1	
Dysentery.....	6	5	Syphilis.....	1	
Erysipelas.....	1		Teething.....		6
Embolism, Cardiac.....	1		Ulceration of the Bowels.....	1	
Fever, Scarlet.....	1		" Uræmia.....	2	
" Typhoid.....	6		Whooping Cough.....		6
Gangrene.....	1		Wounds, Gunshot.....	1	
Hæmorrhage.....	1				
Inanition.....	2	14	Total.....	205	263

The Times and Register.

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Original Articles.

FATTY HEART.

By WILLIAM F. WAUGH, M. D.

AMONG the numerous sudden deaths occurring during the present summer, was that of a prominent Philadelphia physician, whose unexpected death was attributed to "heart failure." This term is almost meaningless; for every death is due finally to heart failure, since the stoppage of cardiac pulsations is the final proof of the extinction of life. Still, in spite of the notice of the Board of Health objecting to this cause of mortality being registered, it continues to be returned in not a few cases. It is probable, that where this report does not signify merely the incompetence of the medical attendant, it really refers to fatty degeneration as the true cause of death. Valvular lesions, hypertrophy and dilatation, are so easily recognized by even a tyro in physical examination, that they are almost invariably registered when fatal. The cases that trouble the diagnostician are those in which sudden death, obviously of cardiac causation, occurs without any alteration in the outlines of the heart or in the rhythm of its sounds hav-

ing been detected, even on careful examination. None but a master in the diagnostic art can give an opinion of value when the question is simply as to the relative force of the heart-beat, at the first examination, when there are no concomitant indications.

The term fatty degeneration should be limited to those cases in which there is a change of the heart's muscular tissue into fat. The overlaying of the heart by fat in general corpulence is another affection, though true fatty heart may coexist. The latter is to be found wherever the disturbed metabolism results in an insufficient supply of oxygen.

This may be due to any general disturbance of nutrition, from any cachexia or other cause of profound anemia. Suppurations, chronic wasting diseases, syphilis, tubercle and cancer, are among the common causes. An acute form occurs after attacks of the septic fevers, the exanthemata and acute yellow atrophy of the liver. Some chemical agents favor fatty change of the heart; among these are phosphorus, alcohol and the mineral and vegetable acids. Probably the fatty change occurring in Bright's disease is due to the retention of morbid agents in the blood.

The victims of want are, however, not more liable to this disease than are the overfed and luxuricus, those who combine the habit of full feeding with a sedentary life.

Among the local causes may be mentioned pericarditis, valvular lesions, aortic diseases, pulmonary affections, and hypertrophy. Schroetter attributes many cases to a chronic parenchymatous myocarditis. Disease of the coronary arteries, of such a character as to interfere in any way with the transmission of blood to nourish the heart, is especially apt to cause fatty degeneration. In fact, the affection may be caused by any interference with the nutritive supply to the heart, whether local or general. The prolonged use of such agents as ergot and digitalis, that contract the caliber of the arteries, can hardly fail to aggravate a pre-existing fatty change, or to inaugurate it, if other favoring conditions coexist. This should never be forgotten in prescribing digitalis, in cardiac diseases with failing compensation.

The muscular fibers become cloudy, their striæ disappear, and fat drops appear in small or large quantity. The heart substance is pale and flabby, yellowish and easily torn. This is most frequent in the left ventricle.

Crisp first called attention to the fact that fatty degeneration may be a preservative lesion. As atheroma progresses, the powerful action of a hypertrophied ventricle may cause rupture of the weakened vessel walls; and by the fatty process the balance of power is restored. A new danger is, however, that of failure of the heart in diastole.

The disease is often latent; no symptoms having directed attention to the heart until the patient's death. If the degeneration be extensive, the heart's impulse is weak and the pulse feeble. The number of beats may be reduced to fifteen per minute; but this is not usual. Any increase in the area of the cardiac dullness is due to pre-existing or consecutive dilatation or hypertrophy.

On auscultation, the sounds are normal, or weak and dull. Obstructions of the circulation will be manifested when the fatty change has progressed sufficiently. The symptoms are swelling and pulsation in the jugulars, cyanosis, a lit-

tle dropsy; the skin being of a dirty yellowish tint. Patients speak of distress and constriction in the chest, and pain along the intercosto-humeral nerve, simulating angina pectoris. The Cheyne-Stokes respiration is sometimes seen; cerebral anemia may be present, shown by vertigo, syncope, or coma. Slight mental disturbances, with loss of memory, may follow these attacks, but are transitory. Hemorrhages may occur, but are probably to be considered as causes rather than effects of the fatty change. The arcus senilis is often present.

Fothergill says that the first sound often consists solely of the clear flapping together of the auriculo-ventricular valves, and is clean and thin, like the second sound. The muscular portion of the first sound is absent or impaired. Irregularity is also indicative of softening. Walshe describes the first sound as feeble, toneless and short; the first silence is long and the second sound feeble. The pulse is irregular in rhythm and tone, constantly or occasionally. It may become very frequent, even uncountable. Cold extremities, sluggish bowels, palpitation, inability to resist heat or cold and ready perspiration, are present in advanced cases. The intermittent pulse develops as the case progresses. Occurring in the midst of a flutter of palpitation, it is of evil omen. Respiration is shallow, with "air-hunger," rather than oppression. The incapacity for effort applies to mental as well as to physical exertion.

The patient vacillates and procrastinates. He becomes, querulous, fussy and capricious. The gait becomes uncertain in time, the patient exhibiting a tendency to totter, and to catch for support at any thing in reach.

The diagnosis is often quite difficult, and sometimes impossible. The deposition of fat upon the heart produces the same symptoms as the true fatty degeneration, yet I believe a diagnosis can usually be made. The occurrence of adipose deposits in the body generally, renders this likely to occur also around the heart; and a person accustomed to listen to many hearts can distinguish between the feeble beat of degeneration, and the pulsation of a heart oppressed by a superincumbent weight of fat. The disease occurs in old age, rather than

in the young. The heart is weak, the pulse feeble, the apex impulse vague and fluttering; the pulse quickens and respiration becomes panting on slight exertion. Dizziness, fainting and indisposition to active exertion, with the whole train of symptoms due to failing circulation, complete the picture. The cachexia or anemia that causes the fatty change contributes its share to the symptomatology. To what proportion the failure of the circulation, in cases of valvular disease or enlargement, is due to fatty degeneration, is impossible to determine before death. In general, the failure of compensation coincides with the fatty change, and becomes marked as this process increases in extent.

The course of this disease is chronic, the heart keeping up its functions as long as there is any unaltered muscular fiber remaining, unless the fatal issue is precipitated by some sudden strain or shock. Life may be prolonged and made comfortable for many years by judicious management.

These indications for treatment are presented: to lessen the heart's work, and to increase its nutrition; because overwork and insufficient food are the causes of fatty degeneration. As the heart's function is, as a force-pump, to send the blood through the body, it is obvious that, the greater the bulk of the blood, the more work is thrown on the heart. Let the patient keep down the bulk of the blood by refraining from liquids; taking no soup and as little water as is possible, but eating highly concentrated foods. The blood must be enriched that the little that goes to the heart may carry as much nutrition as possible. Artificial digestants are of great value, especially the malt extracts; as they antagonize the tendency to corpulence, by thoroughly digesting the carbo-hydrates. Hot drinks, and large enemata, by unduly distending the veins, are dangerous, as the increased blood-pressure may cause stoppage or rupture of the heart. Exercise must be most carefully regulated. All sudden efforts or strains must be forbidden, and all exertion must stop short of fatigue. Nevertheless, gentle exercise within this limit is of the utmost value.

Whatever be the original cause of the disease, cachexia or other sapper of strength, it must receive its appropriate treatment. This need not be detailed here, as the causes are too numerous.

Of the specific heart tonics, digitalis may be dismissed at once. Contracting the coronary arteries, it favors the condition we are endeavoring to cure. Formerly I was accustomed to avail myself of its decided power, giving it for a few days, and following with other tonics. But since I commenced to use spartein in doses of $\frac{1}{8}$ to $\frac{1}{4}$ grain. I have had no occasion to employ digitalis. Spartein is the best of the heart tonics for protracted use. It should be given in four or six daily doses, and the best excipient I have tried is Bovinine. When the good effects of spartein have begun to wear off, add cactus grandiflora, and, in succession, strophanthus, strychnine and convallamarin or aspidospermine. Iron and quinine will often be required in addition.

In gouty or plethoric cases lithia is of value. In advanced cases, great care must be shown in avoiding sudden strains. Running after cars, interfering in quarrels, straining at stool, sexual intercourse, eating heavy dinners, preaching excitedly, and many similar causes, have been followed by sudden death. Alcohol is nearly always objectionable; and this is especially true of malt liquors. Tobacco is also to be forbidden; though it often happens that the patient has found himself compelled to quit its use without orders.

When circumstances permit, massage and faradisation may be substituted for other forms of exercise. But the physician must stand over the masseur and direct him, for one of these operators who is actuated solely by the conscientious desire to give the patient the full worth of his money, may do much harm by too rough or too prolonged manipulation. By such means, and by constant attention to such minor symptoms and inconveniences as arise daily, life may be prolonged indefinitely and made quite comfortable.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

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PHILADELPHIA. AUGUST 19, 1893.

HOSPITALISM.

RECENT occurrences in several Philadelphia hospitals appear to indicate the need of some special instructions on emergencies, for the resident staff; and the necessity of taking into consideration other qualifications besides technical training, in selecting residents. The lamentable occurrence at the Samaritan Hospital, where a woman with an infant partly born was refused admittance, had hardly ceased to be commented upon when an almost similar case occurred at the Maternity. A poor, deserted wife, in the agonies of child-birth, was refused admission because she had a child with her; and had not the doors of the station house opened to her, the child would have been born on the street.

In such cases the hospital authorities should bear in mind that the great law of humanity is superior to all ordinary rules and regulations; as the laws of God overrule all human institutions.

When the hospital staff acquires such an overweening respect for its rules as to let them become a sort of fetish, it is time to change the staff. The prime object of all such public institutions is charity. In that sacred name they appeal to the noblest elements of human nature, and to the charitable sentiment alone they owe their existence. The rules and government are intended simply to further the work of charity by directing it in the appropriate channels; but in the instances named they are allowed to stifle the vitality of the work. And yet, the devotees of red tape seem to be blind to the fact that nothing wins the support of the public like genuine charitable work.

Another case, of a different character, reflects even less credit on one of our hospitals. The Coroner's jury has gravely censured a physician and two attendants at the Episcopal Hospital, who sent to the station house, as drunk, a man who was found, after his death, to be suffering from a fractured skull, and consequent cerebral hemorrhage. Comment is unnecessary.

Precisely similar was the case occurring at the Medico-Chirurgical Hospital. The patient, sent back to the station by a young resident, a newly fledged graduate, proved to have a cranial fracture, for which he was unsuccessfully trephined at another hospital. The man was conscious, answered intelligently to all questions, acknowledged that he had been drinking, and urged the young doctor to allow him to go home. That an error was made is not surprising; it might have occurred to an older practitioner. The beginning of knowledge is the realizing sense of one's ignorance; and if this young man has learned the lesson thus early, it may be of lasting benefit to him.

It would seem that a chair devoted to

the consideration of emergencies, medical and surgical, would be a useful and popular addition to the modern medical college.

Annotations.

THE SUMMER RESORTS EMPTY.

THE lot of the summer hotel man is not a happy one at present. The World's Fair and the hard times combine to render guests almost as few and far between as angel's visits. A patient who was sent to a Virginia spring, to drink the water, reported that he was the only guest there: though the house had been well-filled last summer. Bedford Springs has fallen off about one-third from its high tide of success of last summer. Atlantic City was but scantily patronized during the early part of the summer, but for the past few weeks has been crowded. Nothing can affect this great resort very much. Its natural advantages and general popularity render it independent of fashion or financial stringencies. If one set does not go there, the place is immediately filled by another as good or better. The action of the railroads in raising the fare had a bad effect, but this has been forgotten.

The railroads, to which Atlantic City owes so much, may not disdain from taking a hint from one of her summer citizens. Three times the writer journeyed to or from the sea in the Penna. Pullman—the same car on each trip—and each time a smart attack of intestinal trouble followed. No other cause could be assigned, except the water from the ice-cooler. Several successive trips were made without recourse to the ice-water, and no trouble was experienced.

Do the employes ever empty and clean out the ice-coolers? Or do they tumble the unwashed ice in every day, into the debris remaining from numerous former days? The functions of the Pullman magnate appear to be limited to the collection of tips, and attention to the sanitation of his car is probably beneath his notice. Travelers should be beware of the parlor car ice-cooler.

THE PROSPECTS OF AN EPI- DEMIC.

THE general diffusion of cholera in isolated spots over Europe, gives a little reminder of our debt to sanitary science, to which alone we owe it that each of these has not developed into an appalling pestilence. And in our own country, with yellow fever at Pensacola and at the Delaware breakwater, typhus in New York City, and cholera at the New York quarantine, the public keeps quite cool, confident in the ability of our health officers to protect us from any epidemic visitation. The outbreak of cholera on a ship that had been disinfected, and was about to be passed to the city wharves, shows how imminent is the danger and how difficult the task of the officers in charge of the work. The slightest failure in the practical work of disinfection may let in the enemy. Even so, in all our great seaboard cities, the work of preparation has gone on so far that even were the quarantine to be eluded, the disease could scarcely obtain a foothold before it is annihilated. With all her faults the New York ring is to be congratulated, that she has given this work to so efficient a man as Cyrus Edson.

SEXUAL CRIME AND THE WAY TO DEAL WITH IT.

PHILADELPHIA has given two striking examples to verify the comments we recently made on Hunter McGuire's defense of lynching. Three men were charged with feloniously assaulting a young Scandinavian girl. They were arrested, and one was acquitted, but the others convicted and sentenced to fifteen years each in the Penitentiary. Several Italians were charged by a young girl with the same crime. They were arrested, but medical examination showed that the girl's story was untrue, as she had not been deflowered. Apart from this, the evidence proved the falsity of the charges; and that the girl had put her relatives in jeopardy, either from childish revenge or from a prurient desire to attract notice to herself by posing as an interesting victim.

Under the customs of lynch law, all six of those charged with the offenses would have been put to instant death by

mob, perhaps tortured with all possible circumstances of ignominy. Then, what an awakening to the really conscientious members of the lynchers' court, when they realized that they had sacrificed the lives of innocent men!

Even as we write, comes further confirmation in the reports of the Meacham troubles in North Carolina. The gang wanted to get rid of a negro who knew the parties who had murdered his brother. A woman declared that she had been outraged, and, when all the neighboring negroes were paraded before her, identified the one in question as the offender. He, however, was able to prove an alibi, by unimpeachable white witnesses, and escaped; only to be shot down, soon after. But if he had not proved his alibi, the world would doubtless have been shocked by the story of another negro outrage, and the subsequent lynching.

The only fault to be found with our Philadelphia method is that the punishment fails to fit the crime. Fifteen years in the prison is more likely to transform such men into erotic maniacs, or professional criminals, than to reform them or deter others from the commission of similar crimes.

The man who has once committed a rape is a menace to society for his whole future life; whereas castration would at once put an end to the impulse to such crime, and transform the individual into a good citizen, in all probability, besides offering an example to others, that would prove far more effectual than the fear of imprisonment.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,
TIMES AND REGISTER,

1725 ARCH STREET, Philadelphia, Pa.

ECZEMA.

THIS is my third inquiry, and I know I will get the same "solid information," that I received from your bureau on former occasions.

I am trying to cure an aggravated case of "eczema of the back of the hand," of long standing.

I have used sulphur and cream of tartar, internally; ichthyol, ung. zinci oxide and lanoline, externally; also thymoline soap.

I have helped the itching some, and the small watery blebs do not break so readily; but the eruption stays with us.

There is some objection on the part of the patient to arsenic, hence I have not used it.

The cause of this eczema is the constant wetting of the hands in ordinary water; so the story goes. The patient is in good health; has a good appetite and digestion, and the skin is in good condition except on the hand.

What would you suggest?

R. R. COOKE.

[I would apply Marchand's glycozone every night for a week, and then an ointment of biniodide of mercury, five to twenty grains to the ounce, as the patient can stand. See that the digestive and urinary apparatus are in good order. Forbid tomatoes. Tell the patient to apply glycerine, one part, bay rum, three parts, with a little oil of rose, to the hands after they are wet—W. F. W.]

POISONING FROM IVY OR RHUS.

AS the season advances when physicians are called to patients suffering from ivy or rhus poisoning, it is meet that the best remedy for that disease should be well known, especially to those physicians whose labors are mostly in the country.

During the last six years I have treated many cases of poisoning from the above named plants, and in that time think I have found a remedy, that exceeds all others in reliability of cure and easiness of procuring. In fact during the last three years I have used no other remedy, no matter how severe the dermatitis.

The remedy is the leaves of the chestnut tree (green), made into a strong tea and applied every three or four hours. Pigmentation to some extent follows, but soon passes away. This wash used in the beginning will relieve a severe case in twenty-four hours; as the disease advances it requires longer to check and cure it.

The application is attended by no pain,

but relief of the itching and heat follows at once; and as the remedy is non-toxic and non-irritant it can be used about the eyes, mouth, etc., with perfect freedom.

In 1889 I gave this remedy to the profession, and so many physicians have been pleased with its results that I feel anxious the readers of the TIMES AND REGISTER may at least give it a trial.

S. B. STRALEY, M. D.

ANDOVER, N. J.

GASTRIC CATARRH.

I SHOULD like to have some information regarding the following case:—

It is a male, age 31 years. Two years ago last winter he contracted a severe cold, from exposure to the weather over night; which settled, not in the lungs or nasal passage, but in the stomach; producing gastric catarrh, which has become chronic. The appetite is usually good, but the patient is obliged to avoid anything of an acid nature, as it aggravates the symptoms. Rancid eructations are frequent, and he is obliged to take considerable quantities of soda, which gives temporary relief. The symptoms are always much worse if he has to wait over the regular time for his meals, which is frequently the case.

Nervous symptoms are also present. Can you suggest a plan of treatment which will give *permanent* relief?

J. L. HOLMES, M. D.

MOUNDSVILLE, W. VA.

[Direct flannel next the skin, and see that the feet are properly protected. Forbid all fried food, pork, veal, fat, pastry, hot cakes, sugar and iced drinks. Give no drink with the meals, but a cup or two of hot milk or water after he is through eating. Give him ten drops of hydrochloric acid, dilute, before each meal, and a teaspoonful of Procter's acid wine of pepsin with wahoo, if the bowels are not open regularly. If he does not improve in a week, put him on Salisbury's diet of lean beef and hot water exclusively, with the pepsin.—W. F. W.]

ZINC SULPHO-CARBOLATE IN INTESTINAL DISEASES.

YOU ask "When will they learn" in speaking of sulpho-carbolate of zinc in treating cholera infantum. Some of us have been in that line for years, and the above trouble has lost much of its terror.

I have had three decided cases within ten days—all showing marked dysenteric symptoms—all controlled within twelve hours with sulpho-carbolate of zinc and bismuth subnitrate, with white of egg beat in cold water for nourishment. Several cases of simple diarrhoea in adults have also been controlled at once by the above remedies. When we produce asepsis in the alimentary canal, our object is gained; and I have never found an equal to sulpho-carbolate of zinc, in two to five grains every two to four hours.

TRUMAN COATES, M. D.

RUSSELLVILLE, PA.

Book Notes.

REACTIONS.—A SELECTION OF ORGANIC CHEMICAL PREPARATIONS IMPORTANT TO PHARMACY IN REGARD TO THEIR BEHAVIOR TO COMMONLY USED REAGENTS. By F. A. Flückiger, Ph. D., M. D. Authorized English edition. Translated, revised and enlarged by J. B. Nagelvoort, analytical chemist to the Pharm.-Chem. Laboratory of Parke, Davis & Co. [With portrait and autograph letter of the author.]

Every physician who has been compelled to hunt through his library for his text books on chemistry, to find a chemical reaction suddenly required, will appreciate this volume, in which all these are brought together.

The well-known ability and established reputation of Prof. Flückiger are sufficient to insure for this translation of his most recent work, the interest of the entire pharmaceutical world.

This volume is a revised and enlarged edition of the German text—not a verbatim translation. It is assumed that there is no necessity for describing apparatus, and that the English reader, no less than the German student, is familiar with chemical manipulations.

The publisher has left abundant room for marginal notes, as a means of contributing to the value and usefulness of the work.

The book is printed on very fine paper, and the mechanical work is of superior excellence. It is published by George S. Davis, of Detroit. Price, \$2.00.

GERMAN NOTES.

TRANSLATED BY ADOLPH MEYER.

P. FLECHSIG recommends a *new method of treating epilepsy*, a combination of the opium and the bromide treatment, opium being used exclusively for six weeks and then replaced at once by bromides. He gives the powder or extract of opium, a grain two or three times a day, increasing the dose up to fifteen grains a day. At the end of six weeks the use of the opium is stopped suddenly, and large doses of bromide (two drachms a day) are administered for about two months; afterwards the dose is diminished successively down to half a drachm a day. The author lays most stress on the sudden interruption of the opium treatment by the use of bromide. During the use of opium the fits do not decrease in number but occasionally; as a rule, the influence of the cure shows itself only after the use of the bromide. F. has obtained excellent results with this method.—*Therapeutische Blätter*.

PARENCHYMATOUS INJECTIONS FOR TONSILLITIS.

Patients with hypertrophic tonsils suffer very frequently of infectious catarrhal sore-throat. V. Ziemssen recommends in these cases parenchymatous injections. He uses for this purpose a two-per cent. solution of carbolic acid, of which half ccm. (eight minims) are injected. After one or two injections, sometimes an hour afterwards, the inflammation is either entirely gone or much improved.

Sahli uses for the same purpose trichloride of iodine and obtains the same favorable results.

Heubner has been using injections of carbolic solution with good results in the diphtheria of scarlet fever; they have to be repeated very frequently.

—*Therapeutische Blätter*.

TREATMENT OF NEURALGIA ACCORDING TO DUJARDIN-BEAUMETZ, USE OF THE ANALGETIC ANTITHERMICS.

For migraine: antipyrine is to be preferred (fifteen grains to one drachm a day in capsules or in grog).

For lightning pains, due to locomotor ataxia, compression, and bad teeth:

Acetanilid, seven grains, three times within twenty-four hours.

For neuralgia: Exalgin, four grains in the morning and in the evening.

For nervous pains: Phenacetin, fifteen to forty-five grains within twenty-four hours.

TREATMENT OF GONORRHEA.

Jonathan Hutchinson recommends the following combined method: Injection of a chloride of zinc solution (0.4:100) three or four times a day; internally oleum santali in capsules, and in the evening a slight laxative with bromide of potash.

HÆMORRHOID.

Hot sitz baths daily, and every day three or four applications of absorbent cotton soaked in:

R Iodide of potash . 3-7.5 (1-2 drachms)
Iodine 0.5. (7.5. grains)
Glycerine 60.0 (2 ounces)

—*Therap. Blätter*.

PROPHYLACTIC TREATMENT OF FREQUENT RECURRING TONSILLITIS.

R Acid. carbolic 75 grains
Spirit. vini rectific . . . 150 grains
Ol. menth. pip. gtt. i

D. S. Ten drops in one cup of warm water in the morning and in the evening as a gargle.

—*Prag. Med. Woch.*

A local anaesthetic recommended by Dobisch:

R Chloroformi 10.0
Aetheris 15.0
Menthol 1.0

This mixture is applied by means of Richardson's spray, and, within a minute, an anaesthesia is obtained which lasts from four to six minutes.

—*Prag. Med. Woch.*

Prof. Miller (Berlin) recommends the following prescriptions for the care of teeth:

R Acid. thymici 0.25
Acid. benzoici 3.0
Tinct. fol. eucalypt 15.0
Alcohol absol 100.0
Ol. gaultheriae gtt. 25

M. D. S.—1 to 2 teaspoons in $\frac{1}{2}$ glass of water.

R Calcar. carbonic. præcip . . . 120.0
Cort chinæ fusc.
Conchæ præp aa 60.0
Myrrh. v. pul 35.0
Ol. menth. pip gtt. 15

M. exactissime, S.—tooth-powder.

—*Therap. Blätter*.

The Journal des Mal. Cut. et Syph., gives the following prescription for impetigo contagiosa and eczema pustulosum :

R Salol
Aether sulph aa 3.0
Cocain. muriat 0.2
Collodion 20.0

—*Prag. Med. Woch.*

The Medical Digest.

FOR SUMMER COMPLAINT.

R Acidi hydrochlorici diluti . . mxxvi
Pepsini puri 3i
Bismuthi sub-nitrat 3ii
Syrupi f3ii
Aque dest f3xvi

M. Sig.—Shake bottle and give teaspoonful before each feeding or nursing to an infant one year old, half the dose to an infant of six months.

This prescription must be made fresh every second day and kept in a cool place, as it is prone to fermentation and would be unfit to use.

—W. E. Fitch, *Charlotte Med. Jour.*

BERI-BERI.

Ashmead in *Science*, quotes the experience of three ships that suffered with beri-beri. In each case there was a special cause at work, generally carbonic oxides; to which Ashmead attributes all the phenomena of this singular affection.

PHENOL-BISMUTH, CRESOL-BISMUTH, BETANAPHTHOL-BISMUTH, TRIBROMPHENOL-BISMUTH, PYROGALLOL-BISMUTH.¹

In a paper, published in the "Archives des Sciences Biologiques," Vol. II., No. 2., Dr. M. F. A. Jasenski reports experiments made in Prof. Nencki's laboratory at the St. Petersburg Imperial Institute for experimental medicine. As the results, derived from these experiments, Dr. Jasenski publishes the following conclusions:

1. Phenol-Bismuth, cresol-Bismuth and betanaphthol-Bismuth, when introduced into the stomach, are decomposed by the gastric juice into phenol, cresol or naphthol on one hand and bismuth on the other; some of the preparation which has not had sufficient time to be

decomposed in the stomach, passes on into the intestine, where the conditions are also favorable to its complete decomposition, on account of the acid reaction of its contents and the presence of the pancreatic juice.

2. Phenol and cresol, after being separated from the bismuth, are absorbed completely by the intestine and eliminated with the urine in the form of sulfocarbonate or cresylic acid, or combined with glycolic acid; naphthol, on the other hand, is only partially eliminated with the urine, the remainder passing through the whole digestive canal and being excreted with the feces.

3. Bismuth is almost completely excreted with the feces (96.4 per cent.) as sulphide of bismuth, none of it being found in the urine. This is different in the dog, as the gastric juice of this animal contains much more hydrochloric acid than that of man. A small quantity of bismuth, therefore, is here transformed into the soluble chloride, reabsorbed and eliminated with the urine, while the greater part passes away with the feces in the form of sulphide as in man.

4. In spite of the toxic properties of the phenols, etc., none of the three preparations has had the least injurious effect, although they were administered for three weeks in daily doses of five grams, (seventy-five grains) to man and of ten grams, (150 grains) to dogs. This is probably due to the slow separation of the phenols, etc., from the bismuth.

I had previously shown by various observations that all combinations of the phenols with bismuth always arrest the development of bacteria, if they do not actually kill them; these results, together with those detailed above, certainly justified me in assuming that these preparations would have a beneficent influence in various diseases of the gastro-intestinal tract, more especially in those which are caused (typhoid fever, cholera asiatica) or those which are prolonged (chronic intestinal catarrh) by the action of micro-organisms. Thus, I deemed it advisable to try these preparations on patients suffering from those diseases. Prof. Pasternatzki, whom I approached on the subject, was kind enough to permit my making these trials at his clinic; there I have made, under his supervision, a series

¹ These preparations are made by Dr. F. von Heyden, and can be obtained from the importers, Shering & Glatz, of New York.

of observations the results of which will be succinctly stated forthwith.

Six cases of acute gastro-intestinal catarrh were cured within from two to five days, after having taken from one to three grams (fifteen to forty grains) daily of phenol-bismuth and betanaphthol-bismuth.

In a case of acute proctitis, phenol-bismuth was given in enemata—two grams (thirty grains) to sixty grams (two ounces) of water—the patient being completely cured after the administration of two enemata on two consecutive days.

In a majority of cases of chronic intestinal catarrh, even in those of several months' standing, phenol-bismuth, and still more betanaphthol-bismuth, had a very beneficent effect. One case out of five did not give satisfactory results. I prescribed for those patients daily doses of from three to four grams (forty-five to sixty grains).

It is easily understood that in this latter group of cases the treatment was of somewhat longer duration. One patient who had suffered with intestinal catarrh for a year, who had severe colicky pains and from three to four diarrhoeal passages a day, was in a very weak condition; he was cured within one month's time by the administration of from two to three grams (thirty to forty-five grains) of phenol-bismuth daily.

I have seen this patient three weeks after his discharge from the hospital; he felt perfectly well, neither the diarrhoea nor the pains having returned. He had the appearance of being entirely cured; he had gained flesh and had red cheeks. As he was afraid of a relapse, he continually observed a strict diet. I have had the identical good result with betanaphthol-bismuth in a patient with chronic intestinal catarrh. Two patients with cirrhosis of the liver, who complained very much of diarrhoea and abdominal pains, were also successfully treated with phenol-bismuth and betanaphthol-bismuth. One of them left the hospital before the diarrhoea had completely ceased, while the other, after from twelve to fifteen days treatment, did not complain any more of diarrhoea and pains. A case of cancer of the stomach with eructations and vomiting, I succeeded to benefit greatly by combining stomach

washing with the internal exhibition of from five-tenths to two grams (seven and one-half to thirty grains) of phenol-bismuth. The distressing symptoms disappeared then, while washing out the stomach had not been able to affect this. Unfortunately I have not been able to continue these clinical observations; yet the results obtained encourage me to hope that the use of combinations of the phenols, etc., with bismuth will give excellent results in the treatment of acute and chronic diseases of the digestive canal, as well as in the various infectious diseases, such as typhoid fever, cholera, etc. Certainly these results will be better than those obtained with the older preparations of bismuth which have so far been in general use.

Trimbromphenol-bismuth has been recommended by Prof. Hueppe, in a paper published in the *Berliner Klinische Wochenschrift*, 1893, No. 7, as a specific against cholera asiatica. It is described as a yellow, neutral, insoluble powder, destitute of odor and taste, nearly non-poisonous, indifferent to mucous membranes and the organs of digestion. It contains 49.5 per cent. of bismuth oxide besides 50 per cent. of tribromphenol. The daily dose for adults is five to seven grams, (one and one-fourth to one and three-fourths drams) given in single doses of one-half gram (seven and one-half grains.) Tribromphenol-bismuth, it is said, possesses powerful bactericidal properties, probably uniting the cholera-poison with the bismuth, and transforming it into a non-poisonous and non-absorbable substance, and it protects the denuded intestinal mucous membranes against the development of the cholera-bacilli. Betanaphthol-bismuth has also been designated by Hueppe as a most powerful intestinal antiseptic. It contains 80 per cent. of bismuth oxide. It is a neutral, brown, odorless, non-caustic powder, insoluble in water and decomposed into its component parts in the intestine, the betanaphthol being absorbed and discharged with the urine, while the bismuth is evacuated with the stools. The dose is one to two grams (fifteen to thirty grains). Pyrogallol-bismuth is the most remarkable of these various bismuth-compounds. It has the advantage to resist the action of acids, while it

dissolves in alkaline liquids, the intestinal juices more especially.

ICE IN THE TREATMENT OF ACUTE PNEUMONIA.

Whatever its nature may be, it is quite certain that no other disease has elicited a greater number of conflicting opinions concerning its treatment than has croupous pneumonia. Forty years ago bleeding and blistering were regarded as its specifics; but these are now, and for the last twenty years have been, 'scarcely thought of in this connection. In the meantime hot poultices, aconite, veratrum viride, digitalis, quinine, etc., have taken their places, yet it is not too much to say that they have all led to disappointment and come to grief in the retort of clinical experience, and that finally the profession has gravitated to the conviction that the disease is self limited in duration, and that hence all efforts to control its course are fruitless, if not actually harmful. To be thus compelled to stand before a disease and acknowledge one's helplessness and impotency is, to say the least, an unenviable position, but I must confess that until I became familiar with the value of local cold applications in this disease I was in hearty accord with this idea. Since then I may say that I am able to approach a case of pneumonia with a greater degree of assurance—not with the feeling, however, that we possess a specific, but with the confidence that here is an agent with which we are able to impress and circumvent the severity of the pneumonic process. I believe that cold properly applied will effect the death-rate of pneumonia as profoundly as it has affected that of typhoid fever, and, although I do not expect a rapid introduction of this measure, on account of a deep-rooted prejudice which exists against the use of cold in almost all internal diseases, I trust that the evidence which is herewith submitted will serve to commend it to the serious attention of the profession. Under the titles, "Can Croupous Pneumonia be Abated?" and "Ice in the Treatment of Croupous Pneumonia," I contributed two papers to the *Medical News* of Sept. 24th, 1892, and Jan. 21st, 1893, respectively, in which are related three cases of pneu-

monia which were treated principally with applications of ice to the chest; and since the appearance of the first paper I instituted a collective investigation on a small scale by sending a number of circulars to various members of the profession inviting a trial of the ice treatment.

The histories of the fifty cases which have been brought under my notice open up many points of interest in the discussion of the influence of ice in the treatment of acute pneumonia, and as pertinent to this subject I will append the following comments:

The resolving power of ice on the exudation.—This is a marked feature in its therapeutic action and must be regarded as one of the strongest factors in its curative influence. This can at least be partly explained on the following basis: The most apparent lesion in croupous pneumonia is an enormous distension of the pulmonary capillaries, partial or complete stasis of the blood in these vessels, and exudation of the fluid constituents of the blood, and diapedesis of white and red blood-cells into the alveoli of the lung. It is well known that cold has the power of contracting the blood-vessels, and from this action one can understand why it should exert a beneficial action on pneumonia by giving tone to the capillaries, by restoring the normal blood flow and thus checking the leakage. But there is often reason for believing that it also dissolves the exudation in the pulmonary alveoli. For example, there may be a pneumonic area in which there is absence of respiratory murmur, the presence of a flat percussion note and bronchial breathing indicating beyond doubt that the process has passed beyond the stage of engorgement and into that in which the exudation has filled the alveoli, yet the application of ice will in a remarkably short time develop a new group of physical signs, such as crepitation, re-appearance of the respiratory murmur, diminution of flatness, etc., indicating that a break-down has occurred in the exudation. This has not only been observed by myself, but is dwelt on by Dr. Lees, who says: "In many cases I noticed a striking arrest in the development of the physical signs," and that the ice-bag "distinctly tends to repress the inflammatory process in the lung."

Influence on symptoms.—Not less decided is the influence of the ice on some of the most prominent symptoms of pneumonia. The pain, difficult respiration, cough and expectoration are remarkably relieved, and the temperature is frequently depressed two and three degrees in the course of half a day. The benefit which is exerted on these symptoms produces a very agreeable effect, and often makes the ice acceptable to those who at first protest against its use. This I have noticed in most of my cases, and it has also been witnessed by others, as will be seen in the histories of the cases which have been reported to me.

Is the ice injurious.—My own rather limited experience with the ice treatment does not show that it is accompanied or followed by any evil consequences, nor have any of those who reported cases to me observed any such results, although some of them kept the ice in position for two weeks. Dr. Lees says: "I have never seen any harm follow from the employment of the ice-bag in pneumonia."

Ages of patients.—It is important to note in this collection that the ages of the patients to whom the ice was applied varied from infancy to old age—the youngest being six months and a half old and the three oldest were sixty, sixty-five and seventy-four years respectively.

The results.—It may be said, without claiming too much, that the results which have been obtained from the ice treatment of pneumonia are good. Out of the fifty cases which I collected but two were fatal, making a death-rate of four per cent. In estimating this mortality rate it must be remembered that at least one of the cases that died was an exceedingly unpromising one, being a sufferer from chronic lead poisoning and also very intemperate; whilst the pneumonia which caused the death of the other one was in all probability an acute exacerbation of an old attack. In Dr. Lees' series of eighteen cases no deaths occurred, nor did any occur in the eleven cases reported by Dr. Jackson. Moreover, *The Lancet* refers to an article by Dr. Fieandt, published in *Duodecim*, a Finnish medical journal (an original copy of which I am unable to procure), in which there is an account of 106

cases of pneumonia treated with ice applications by that gentleman, and notwithstanding that amongst these there were ten cases of double pneumonia and that the epidemic of the disease was rather severe, he only had three deaths, or a death-rate of 2.82 per cent. Adding these cases to those reported in my collection, there is a total of 156 cases of pneumonia treated with cold applications to the chest, with five deaths, or a death-rate of 3.20 per cent. Whilst the number of cases reported here is not very large; it is nevertheless evident that the results of the ice treatment are much superior to any other with which I am familiar. Thus, according to Osler, the mortality rate of 1012 cases in the Montreal General Hospital was 20 per cent., whilst in the Charity Hospital at New Orleans it was 29.01 per cent. Of 1000 cases of pneumonia treated in the Massachusetts General Hospital, from 1822 to 1889, there was a mortality of 25 per cent. In Dr. Hartshorne's valuable paper on pneumonia it is estimated that the death-rate from this disease in the Pennsylvania Hospital during the years 1884, 1885 and 1886 was a little more than 31 per cent. In comparing the results of the ice treatment, so far as they go, with those which have been obtained from the treatment pursued in the above mentioned hospitals, I find that they are about eight times better under the former than under the latter method of treatment. It will be of great interest to see whether these satisfactory results can be maintained by future clinical investigation, and if this can be done even approximately it is needless to say that a pronounced advance in the therapeutics of acute pneumonia will have been made.

—T. J. Mays in *The Lancet*.

ASAPROL.

1. In chronic rheumatism it is apparently of not much value, except to relieve the pain of an acute exacerbation, but it is better than salophen or salicylate of soda for this purpose. This is only what we might expect, since we believe that chronic rheumatism is a disorder of nutrition.

2. In gonorrhoeal rheumatism it is

not of so much value as the syrup of hydriodic acid.

3. In acute articular rheumatism its administration does not present the disadvantages of the salicylates, yet it is not so valuable; yet it is of far greater value than either the alkaline or other treatments that were formerly in vogue. So far as we are able to conclude from the cases under observation, the results obtained in this condition with salophen are superior to those obtained by any other so-called treatment.

4. In cases of epidemic influenza, the use of this remedy is to be recommended.

5. In cases of atonic dyspepsia of the flatulent or acid variety, we may expect to obtain good results. While on the whole the results that we have obtained have not been as brilliant as we were led to expect from a careful study of the literature, yet we are of the opinion that in selected cases it is a remedy of value, and its use should be persisted in until its limitations are clearly determined and the diseases, which it may be expected to favorably influence, are well-known.

The line of investigation, that is, the subject of soluble antiseptics, is an interesting one and should be carried out in order that we may complete our knowledge of this, one of the most fruitful fields of modern clinical research.

—Wilcox, *Epitome of Med.*

GASTRIC NEURASTHENIA.

As late as 1878 Leube concluded that many disturbances, found especially in women, which heretofore were called catarrh, are truly of nervous origin, and to substantiate his contention he gave the ordinary test breakfast, and after digestion began he examined the contents and found that in many of these cases digestion proceeded and continued perfectly normal. Yet, accompanying this act, certain symptoms developed, as headache, dizziness, palpitation, and others referable to the digestive tract, such as belching, eructations, yawning, hiccough, gaping, griping, etc. Leube argued that there must either be a poison generated and absorbed, or the nerves of the stomach must be hyperæsthetic.

As the disturbances began almost immediately food was taken he concluded,

rightly enough, that the poison theory was untenable and that hypersensibility was the only sensible explanation.

It is somewhat difficult to understand that these disturbances, coming often without any apparent cause, should affect the stomach, but few, if any, have a perfectly balanced nervous system, and vulnerable points are to be found if sought in every individual—points that respond too fully or too feebly. No resistance, no inhibitory power,—nerve storms sweep over them like the wind over the high seas. Weak by nature, weakened perhaps by excesses, what wonder that the stomach may, like other organs, call to us aloud. To-day it is admitted by all who have studied gastric diseases, that there exists a well marked neurasthenia which admits of classification according to the function disturbed—so that we may distinguish motor, sensory, secretory, and perhaps vaso-motor disturbances, the latter because it is possible theoretically, though no cases have been reported so far as I know, and would no doubt be very difficult to diagnose, unless cases which are characterized by great faintness and pallor be put in this class.

It is first always necessary to determine whether the case belongs to the irritative or depressant form of neurosis, also how far the general bodily health needs toning up. In the irritative forms, shown by pain, vomiting, etc., opium and its alkaloids are our sheet-anchors, belladonna, hyoscyamus, chloral and other sedatives acting sometimes very well.

Washing out the stomach, as first recommended at Kussmaul's clinic, often relieves when everything else fails, and it is advisable in all cases that resist for any length of time the influence of drugs to try the washing.

Change of air very often does well; going from a low to a higher altitude and *vice versa*, or from a warm to a cooler climate; sea voyages, sea bathing; changes of occupation, as from a sedentary to active life.

In the depressant forms, stimulants and forced feeding. Forced feeding must very often be done by means of a tube, as the patient frequently loathes the sight of food. In such cases gavage, as recommended by Dujardin Beaumetz,

is the best method. This is carried out by means of a short rubber tube reaching down the œsophagus to a point opposite the cricoid cartilage. Food should be liquid and introduced slowly to prevent vomiting. The amount of food per diem for an adult varies within wide limits, but it is always best to begin with a good deal and await developments. Wiessner recommends 100 grammes of albumin, 150 grammes of fat and 300 grammes of carbo-hydrates. This is represented by two quarts milk, two ounces butter, six eggs and three and a half ounces sugar. Feeding as a rule has not to be continued very long, for when patients find that digestion proceeds regularly they get encouraged and begin to eat of their own accord.

The argument first used and still used against forced feeding for weak stomachs seems hard to answer. But as a weak heart, weak lungs, weak muscles are aided and strengthened by exercise, why cannot the same argument apply to the stomach?

Experience has proven that from forced feeding, and it alone, can we expect to get good results in the depressant forms. In the irritative forms, such as vomitus nervosa, forced feeding by the stomach is almost a fatal error, and we must rely on sedatives and enemata; so that care must be taken in our diagnosis.

Each group of cases has its own peculiarities, and must be treated accordingly, and the physician who sticks to the one rut and changes not will often meet with failure. It is in neurotic patients that individual idiosyncrasies must be studied and treated. Patience, firmness and tact in the physician are most essential attributes in dealing with these cases.

—Gunn, *Montreal Med. Jour.*

DEATH FROM IODISM.

The following case is of interest because, so far as I am aware, no death from iodism has previously been reported.

The patient, a man sixty-eight years of age, was seen in consultation with Dr. William S. Moore. He was of robust physique, and enjoyed fair health with the exception of rheumatoid arthritis, with which he was affected. A slight exacerbation of this trouble had led him to call

in a dispensary physician a few days before. The following was prescribed.

R Syrup. ferri iodid ʒssj
Potass. iodid ʒi.
Syrup. simplicis ad ʒiv.
M. Sig.:— ʒj, t. i. d.

One teaspoonful of this was given on the first day, two on the second, and two on the third. By this time the symptoms of iodism were so intense that the medicine was discontinued, and Dr. Moore sent for. A profuse coryza and conjunctival congestion were then present. So intense were these that hemorrhages occurred from the nostrils and eyelids. The skin had at this time a mottled hue, and bullæ were found on the face, scalp, neck, chest, arms, hands, legs and feet. Some of the bullæ were as large as a silver dollar and contained sanious fluid. The eyelids ulcerated and became so swollen and covered with crusts as to conceal the eyeballs. The nostrils were completely blocked with crusts. The mucous membrane of the mouth and throat was inflamed and eroded, swallowing being painful and difficult. The voice became husky, and at last sank to a whisper and disappeared. Superficial ulcerations took the place of many of the bullæ. There were no gastro-enteric symptoms. The urine was not examined. The mind was clear, and there was no neuralgia.

The patient remained as described above for several days. He died on the tenth day from the administration of the first dose, from inanition and a low grade of pneumonia. There was no autopsy.

—W. L. RUSSEL, *Med. Record.*

PARALDEHYDE HABIT.

In the July number of the *Edinburgh Medical Journal*, Elkins gives an interesting account of a case of paraldehyde habit. It is probably the first of its kind on record. The patient was a married man, aged sixty-five, and a coachman by occupation. He was a man of naturally cheerful disposition, though liable to take offence easily. He had been troubled with insomnia for seven years, and twenty-six months before coming under observation (November, 1892) had begun to use, under medical advice, paralde-

hyde in small doses. The habit grew on him, so that on his own responsibility he had greatly increased the dose. When first seen he was using sixteen ounces weekly. He had lost nearly thirty pounds, and had grown so weak that he had to lie in bed and be fed by his wife with a spoon. He had a slight rise of temperature every evening; a weak and irregular heart action, with palpitation; and a soft, intermitting pulse. There was considerable flatulency, bowels were costive, hunger excessive, and a paraldehyde odor was noticeable on the breath.

The symptoms referable to the nervous system are summarized by Elkins as follows:

1. Motor symptoms: General muscular weakness; general tremulousness, especially in tongue, facial muscles, and hands; gait feeble and unsteady; general restlessness. 2. Sensory symptoms: "Strange feelings" running through body. 3. Mental symptoms: Insomnia; great mental anxiety and agitation; discontent; unreasonableness; mental confusion; mental excitement; temporary loss of memory and incoherence of speech; shouting; tendency to strip himself; hallucinations of sight (he saw "strange beasts"); hallucinations of hearing (he heard his death would appear in to-morrow's paper, he heard his wife had said she wished he were dead); delusions (that he was being poisoned, that his milk was drugged with laudanum, that a woman was in his bed, preventing him from occupying it, that people were tormenting him, that the doctors meant to kill him, that the house was on fire, that harm was about to happen to him). It will be noticed that the hallucinations of sight and hearing and the delusions were all of an unpleasant kind.—*Med. Record.*

THE PREVENTION OF DEAFNESS.

It can no longer be disputed that the shutting off of that accessory sinus known as the middle ear, which contains the mechanical auditory apparatus, and which is subject to constantly varying pneumatic influences, is the greatest cause of deafness in the world. If our progeny are to avoid deafness, great care and attention must be given to the earliest symptoms which indicate that the

sinus of the middle ear is not in normal communication with the throat, and adequate means must be employed to re-establish this connection when it has been interfered with. A simple swollen condition of the mucous membrane of the nasal passages is the common cause which produces defective hearing, through its effects on the ventilation of the middle ear.

The above trouble may result from an occupation which exposes one to a constant draught; at a desk directly under a ventilator, which is a more common cause than is generally supposed. Constitutional influences may also be the cause of chronic inflammations of the mucous membranes of the head that will not improve without intelligent medical treatment. This form of inflammations of the mucous membranes, when following acute infectious diseases, as scarlatina, diphtheria, measles, and all others of this kind will, in the majority of cases, when uncomplicated, recover in time to save the hearing without any direct or special treatment. It is well, however, to diligently inflate the ears while one is waiting for the inflammation of the mucous membrane of the pharynx to subside.

Surf-bathing always endangers the hearing by the direct injection of salt water into the middle ear from the nasal passages. The rougher the water the greater is the danger. Ear disease, the result of this cause, if uncomplicated, generally recovers in a satisfactory manner under the ordinary routine treatment of inflation, and the patients frequently make a good recovery without treatment. Inflammations of the mucous membranes of the head, due to deformities, hypertrophies, and growths of the nasal passages, produce diseases of the middle ear which cannot be improved without surgical assistance. It is just this class of cases, that require operative assistance and do not get it in time, that make up the great mass of deaf people in the world.

It is surely true that the length of time which frequently elapses during which the unorganized products of an acute inflammation may exist as the prominent factor in causing deafness, is not generally appreciated. Only in proportion as the defective hearing is due to the unorganized products of an inflam-

mation can any favorable prognosis be indulged in, and the earlier the stage of inflammation the more sure one can be that the products of the inflammation have not become organized into new tissue.

There is no help for that part of defective hearing which is due to true connective-tissue formations in or about the middle ear. The attempt is now being made to overcome some of the disastrous effects of contractions in the middle ear resulting from chronic inflammation, by removing the ossicles. I have not the courage to hope for any practical success from this method as a means of improving hearing. In a small proportion of cases it may relieve the annoying subjective noises in the head. I am, however, open to conviction and am anxious to see the hearing of old cases of catarrhal deafness benefited by any method. The man who can accomplish this end will be warmly greeted by mankind. The best that can be done up to this period is to cure the deafness before the products of inflammation have become organized, and that is a very wide step toward the welfare of the people.

To avoid disappointing both patient and surgeon, good judgment is necessary as to how much of the bad hearing is due to the early unorganized products of inflammation, and how much of the trouble is due to the late or organized products.

If we look at middle-ear disease from the point the cases cited indicate, we will not find otology so discouraging as it has been. We will benefit our patients, when we have a fair chance, where formerly flat failures were encountered, and reputations will be saved by refusing to treat those who cannot be benefited.

—Bucklin, *Med. Record*.

DIGITALIS AS A DIURETIC.

When digitalis is given to a healthy person it strengthens the heart beat and increases the blood pressure, but there being no obstacle to the flow of blood through the kidneys it simply courses through more rapidly, and as the tension in the Malpighian corpuscles is not increased, the secretion of urine is little affected. But in conditions of disease,

where there is general venous stasis, or where on account of the local kidney affection there is swelling, which compresses the vessels on the efferent side of the Malpighian corpuscles, then the effect of digitalis is greatly to increase the pressure in these corpuscles and to cause a greater escape of the watery constituents of the blood into the uriniferous tubules; in short it is a true and most effective diuretic. Furthermore, by improving the circulation in the kidney digitalis aids its nutrition and so helps its recovery from the diseased condition which may have brought about the necessity for its administration. The indication, therefore, for the use of digitalis as a diuretic would be evidence on the part of the urine of congestion of the kidney, as shown by diminished quantity and increased specific gravity of the urine, while to use it in cases where the quantity of urine was diminished because much of the secreting portion of the kidney was destroyed, would be worse than useless.—*N. W. Lancet*.

TREATMENT OF DIPHTHERIA.

The effective treatment of the pseudo-membrane—and I ignore the now obsolete, harsh and violent attacks (tearing off, burning out, etc.) which were certainly injurious—the effective local treatment presupposes two things: (1) An agent which is a powerful and rapid germicide and yet non-injurious to the patient. (2) The bringing of this germicide into intimate relation with the germs of the disease.

Treatment by the sub-membranous injection method of Seibert best meets these two requirements. Chlorine water of pharmacopœal strength is the agent employed, powerful, and yet locally so entering into combination with the injected parts as to be entirely innocuous to the patient. Next, as to bringing this agent into contact with the germs: It is not left to the meagre chances of a gargle, spray or swab, but the chlorine water is injected directly into and below the false membrane by the Seibert syringe, whose long shaft and well-adapted tips enable the operator to thoroughly and rapidly inject the pseudo-membrane in most of its early and comparatively accessible

sites. Upon injection the chlorine water spreads so that the area injected is considerably greater than represented by the needle points. Generally from two to five injections are necessary at a sitting, and usually one or two sittings have been found sufficient. The coincident pain is certainly comparatively slight, for I have had very little difficulty in injecting a second time.

—W. S. Barker, *Med. Fortnightly*.

ANTISEPSIS IN OBSTETRIC PRACTICE.

In applying the principles of antiseptic surgery to obstetrics we must be governed not only by the condition, habits and surroundings of the patient; but also by the character of the labor and the amount of injury inflicted therein. I would enumerate the following as the chief antiseptic measures to be observed in ordinary labor:

1. At the onset of labor the external genitals should be cleansed thoroughly with hot water and soap and washed afterwards with a 1 to 5,000 bichloride solution.

2. Should an ante-partum vaginal douche be indicated, a hot 1 in 5,000 solution should be gently streamed through the nozzle of a fountain syringe; first into the anterior, then into posterior pouch of the vagina. Of course this must be done before the rupture of the membranes. Some boiled water should afterwards be injected that there may be no absorption of mercury.

3. Frequent examinations should be avoided. The hands of the physician should be washed in the above solution before and after every examination.

4. Apply napkins wrung out of the solution to the child's head as it emerges from the vulva.

5. See that the external genitals are bathed carefully in the same solution soon after delivery, and at least twice a day afterward. After each bathing and douching an aseptic pad must be applied so as to cover the vulva, reaching to the mons.

6. After the second day commence the daily vaginal douche, consisting of 1 to 2 drachms of carbolic acid to the quart of hot water. This may be re-

peated twice a day if necessary and should be continued till the lochial discharge stops. In normal labor, no attempt should be made to douche the uterine cavity.

7. The strictest precautions as to cleanliness should guard all these manipulations. The nozzle and tube of the syringe should remain in a disinfecting solution when not in use.

—W. H. Mays, *Pacific Med. Jour.*

NASAL MEDICATION.

There are a number of medicines of great therapeutic value for this purpose, if properly applied. Iodine, we know, promotes absorption and reduction of pathological growths; the bromide salts (especially, according to Prof. Germain See's investigation, the bromide of calcium) diminish functional activity; eucalyptus, creasote, carbolic acid and salicylic acid are well known antiseptics; camphor, menthol, thymol, and others of this class, are antispasmodics; witch hazel is an excellent sedative to the mucous membrane, and alcohol and sulphate of quinine are good tonics. In fact any medicine, in solution, to meet the requirements of the case and the judgment of the physician, may be used.

My method of application of the remedy determined upon is as follows: A glass air-chamber, globular in shape, is fitted with an air-tight stopper; the stopper is perforated with two openings and two glass tubes inserted, one long and one short. At the bottom of the air-chamber is a sponge which receives the long tube. A strong air-bulb is attached to a long tube and a nose-piece to the short one. The sponge is saturated with the desired solution. The nose-piece is held by the fingers of the left hand, so as to insert it into one nostril and close the other. Pressure is made on the bulb, while the patient holds his breath in order to resist the pressure of air downwards and compress the air in the nasal chamber.

Sufficient pressure may be made to force the medicated air into the nasal cavity, pharynx and accessory cavities. In order to inflate the Eustachian tube and middle ear, the patient is directed to

swallow, while the parts are inflated, thus opening the orifice of the tube and permitting the air to enter.

—J. P. Black, *Indiana Med. Jour.*

DISLOCATION OF THE SHOULDER TREATED BY MANIPULATION.

The majority of the thirty cases were treated by me whilst house-surgeon at the Cardiff Infirmary, under favorable conditions to try various adjuncts when simple means failed. The time it took to reduce the dislocation varied from fifteen seconds to six minutes; when the latter time was exceeded other means had been resorted to. Twenty-four cases were reduced without any trouble at the first attempt on the day of the accident; they were dislocations into the axilla, four in females, and the rest in men of various occupations requiring fairly strong arms—coal trimmers, masons, carpenters, common laborers. The method employed was a modification of that described by Professor Kocher, of Bern, at the International Medical Congress of 1881.

Of the six failures at the first attempt, No. 1 was of eight weeks' standing; various methods under chloroform narcosis failed, and the patient was discharged with a useful movable false joint. Nos. 2 and 3 were recent dislocations in spare non-muscular men; manipulation repeatedly failed; and the heel method was at once successful. In No. 4 manipulation, heel method, and circumduction failed; under chloroform narcosis reduction by manipulation was effected in thirty seconds. In No. 5 after the patient was anæsthetised, manipulation again failed; but the heel method was successful. In No. 6 repeated manipulation failed; traction with the patient's arm round the operator's waist was successful.

Of the twenty-four successes two deserve notice. One was that of a circus performer, and the most muscular man I ever treated. Reduction took place in less than two minutes, although there was much muscular irritability; the other ease was of three days' standing, in a man aged 60, with much bruising of the axillary folds from repeated attempts at

reduction with the heel in the axilla by competent practitioners. It was reduced in 45 seconds in the first stage of manipulation.

The method employed was the following. With the patient lying on his back the operator grasps the patient's hand in one hand, lays hold of the arm immediately above the elbow with the other, flexes the elbow to a right angle, and then gently and firmly rotates outwards the arm as far as it will go (*first stage*.)

Rotation outwards is maintained, and the elbow is carried to the patient's side (*second stage*).

Then, if necessary, the elbow is carried forward close to the curve of the thorax (*third stage*).

One piece of strapping fixes the elbow to the side, and the hand is carried in a sling, which is more comfortable and wholesome to the patients than the ordinary bandaging.

Several of the dislocations were reduced in the first stage of the manipulation, the majority in the second stage, and the rest in the third. The further movement of the elbow to the sternum and rotation inwards of the arm I found unnecessary and of no avail in the unsuccessful cases.

I have seen Kocher's plan tried in a few cases, but the result was not so satisfactory as with the patients lying on their backs. Manipulation succeeds in muscular as well as in non-muscular patients, and the failures are generally attributed to some unusual irregularity in the rent of the capsule of the shoulder joint. I think they are also partly due to a defect in the method itself, and that is, want of traction to counteract the direct longitudinal pull of the muscles, which sometimes prevents the head of the humerus descending sufficiently towards the rent in the capsule, by which it is to retrace its steps within the joint again.

It is very difficult to decide which of the many methods used for reducing dislocations of the shoulder gives the best result under all conditions, but I think that manipulation is by far the easiest, most scientific, and neatest, as it requires no special preparation of the patient,

operator, nor surroundings, whilst the probability of success at first attempt is high.

—Thomas, in *Brit. Med. Jour.*

SPECIFIC MEDICATION.

Calendula is indicated in vesicular eruptions on the skin of the face and limbs, with itching.

Tinct. colchicum is indicated in sciatica of joints with gouty diathesis. Tincture cimicifuga will relieve sciatica in painful muscular conditions.

Sulph. magnesias, one drachm, largely diluted with water, will relieve headache caused by overeating and loss of sleep, dissipation and excitement.

Howe's acid solution of iron may be given when the patient is pale, anæmic, and greatly debilitated.

Fowler's solution of arsenic when the skin has lost its elasticity, epidermis dry, pulse soft and easily compressed.

Hypophosphite of lime is indicated when we have a deposit of aplastic or or cacoplastic material in the connective tissue, and slight inflammatory symptoms, with tendency to phthisis.

Iodide of potash in the syphilitic diathesis, with a pale, leaden tongue, usually full. Iris versicolor in bad blood, imperfect nutrition, with fullness of throat.

Sulphur when the skin is dry and sallow, brownish, and the mucous membranes have a dirty hue.

Berberis aquifolium is indicated in catharrhal conditions of throat and nose, with bad breath and offensive expectoration.

Bryonia when pulse is hard and full, with pain in right side of face, burning in the eyes and nose, and an acrid nasal discharge.

The indications for penthorium sedoides are fullness of the nasal mucous membrane, with abundant discharge, spongy gums, fulness of fauces and mucous membrane of the pharynx.

A rapid pulse with severe nasal pain—jaborandi. A rapid wiry pulse calls for rhus.

Fluid ext. althea is indicated when there is smarting and burning of urine, due to tenderness of urethra and vesical neck. Fluid ext. haircap moss will re-

lieve difficult urination, due to acrid urine, accompanied with pain and tenesmus.

Pichi will be indicated in difficult urination, accompanied by chronic cystitis.

Iron, arsenic, and strychnia, is a good combination in cases of anæmia and nervous debility, attended by skin eruption.

Comp. tinct. camphor et opii is indicated in griping pain in stomach and bowels, with a tendency to diarrhoea after eating.

Creasote in small doses will relieve morbid conditions of the stomach, attended by decomposition of the food, gaseous accumulations, and eructation.

Gelsemium is indicated with pain in lumbar region, nervousness, and frequent urination accompanied by pain and difficulty in starting the flow.

The following combination is very highly recommended for checking excessive sweating of the feet, and for removing the offensive odor caused thereby: R—Sulph. precip. gr. xxx., powdered arrow root $\mathfrak{z}\text{iv.}$, salicylic acid gr. viij. M. To be dusted over the feet and between the toes.

Digestive processes sometimes become laggard, slow, and incomplete, giving rise to a general feeling of fatigue and weariness of the entire body; the patient complains of a loss of energy, both mental and physical. For this condition nux and pepsin after eating, with a one-eighth grain podophyllin pill every night, will give relief.

It may be laid down as a rule in the treatment of phthisis, that no drug will benefit the patient that upsets his digestion.

Gonorrhœal vaginitis yields quickly to a strong glycerole of tannin, applied on a cotton tampon after the parts have been thoroughly cleansed. The tampon should be allowed to remain ten or twelve hours and then removed.

—*Eclectic Med. Jour.*

OLD-FASHIONED BUT USEFUL SKIN REMEDIES.

I wish in these brief notes to call attention to some old and neglected remedies for the local treatment of various

diseases of the skin. In the present day, in our longing after some new remedy, we are apt to forget those applications that have been tried and stood the test of years. The first one on my list is "Friar's balsam," or the compound tincture of benzoin. The late Dr. Neligan, of Dublin—a no mean authority on diseases of the skin—in his work on "Medicines; their Use and Administration," 5th edition, 1858, dismisses Friar's balsam with the following words:—"This tincture was formerly much employed as an application to wounds and contusions under the name of Friar's balsam." However, I have seen wounds and ulcerations heal under its use, when carbolic acid or the more fashionable iodoform failed. The late Dr. Gordon, Professor of Surgery, Queen's College, Belfast—a practical and clever surgeon—used gallons of compound tincture of benzoin in his hospital practice, not only after operations but using it as a lotion, and also in various other surgical complaints as an injection—for instance, in the case of a sinus, etc. Painting fissures of the lips and tongue, after first drying saliva from the part, with Friar's balsam, is a far better application than the glyceroles of either borax or tannin. In my own practice one drachm, or even two, of Friar's balsam to an ounce, say, of zinc ointment, is nearly a "specific" for indolent or sluggish ulcers, no matter where situated.

The next old fashioned remedy to be noticed is the well-known "black wash," still largely used as a dressing to venereal sores. However, there is a non-specific affection of the skin which, when occurring on the lower extremities, is about as troublesome and tedious a complaint as anyone can possibly have—I refer to red eczema, *eczema rubrum*, and which is associated with intense itching, burning, weeping of serum, and more or less swelling of affected part. It is to Dr. Spender, of Bath, that the credit of suggesting "blackwash" as an application in this disease is to be given. I use it frequently in the way that he has advised, I may say, without failure. He says (*Journal of Cutaneous Medicine*, Vol. IV.):—"Take some common black wash, mix with it a tenth or twelfth part of

glycerine by measure, and let it be well shaken. A small quantity of this mixture being poured into a wide shallow vessel, as a saucer, strips of linen are soaked in it, and after being lightly squeezed, are placed evenly and smoothly round the affected limb, a portion of the black oxide of mercury adhering to the linen. A bandage secures the dressing in its place, and the work is done. The dressings should be renewed night and morning; an impervious covering should on no account be put over it, as the pent-up secretion would decompose and possibly inoculate a fresh area of skin. The dry linen strips can always be easily removed by being first well saturated with warm water."

Acne, the sebaceous form especially, when occurring on the face, is tedious, troublesome, as well as disfiguring. The usual treatment with sulphur applications is not always successful, even if we combine a few grains, say ten, of the green iodide of mercury to the ounce of ointment. I have recently adopted, and with good results, rubbing the affected part at night with the (now discarded) "oil of amber," washing it off next morning with hot water and soap. Oil of amber has a pleasant odor, is much cleaner than an ointment, penetrates into the follicles, and is, especially if long continued, an active rubefacient, producing more or less irritation and slight redness of the skin. I consider this oil worthy of being placed in the dermatologist's list of remedies.

"Balsam of Peru," now chiefly used as an ingredient in pomades to prevent baldness, is not only an excellent stimulant when added to ointment for the healing of ulcers, but also in various ways for relief of pruritus vulvæ. However, as a method for the cure of scabies, it is to be well rubbed over all the body except head and face, but especially between the fingers, toes, wrists and abdomen; it compares favorably with sulphur ointment, and does not produce any secondary eczema. The expense of the remedy is, however, against its general use. I need hardly mention camphor as an anti-pruritic remedy, or "Liquor Plumbi," so well known and still in use, but will conclude by observ-

ing that, as a basis for ointment in place of lard, the old fashioned "Ceratum Galeni," or cold cream, is much preferable. I have endeavored to improve on it, however, by making my basis consist of lanoline, best almond oil, spermaceti, and enough white wax to give consistence. In this I believe we have as nearly as possible a perfect material for ointments—a view borne out by the testimony of the leading dermatologist of Sydney, Dr. W. M'Murray.

—H. S. Purdon, *Dublin Jour. Med. Sci.*

TUBERCULOUS PLEURISY.

The indications are twofold: first to limit and control the exudate and to promote its absorption. It would take me far away from the immediate subject to discuss here in full the therapeutics of pleural effusion. In the early stage it is sufficient to allay the pain, if severe, with opium, to reduce the fever, if high, by sponging, and to keep the bowels freely opened. It is doubtful whether the salicylates deserve the confidence which many claim. To promote absorption various measures are advised. It is important to remember that when fluid remains in the chest it is for the very good reason that it cannot get out, owing to blocking of the lymph paths. Absorption from the pleura goes on, as has been shown experimentally, with extraordinary rapidity, chiefly, if not entirely, from the costal layer. Probably in all instances of pleurisy with effusion, do what we may, the absorption has to wait the freeing of the obstructed lymph channels. I still believe that good results are seen by putting the patient on a dry diet and giving brisk, saline cathartics. It is a rational practice, and in some instances I have seen the exudate diminish rapidly. The diuretin, when it acts, is useful in the same way. If at the end of ten days the exudate persists, and is at the level of the fourth rib in the erect posture, aspiration is advisable, and it may be repeated again in a few days if the fluid reaccumulates. So far as I know, there are no greater risks in the tuberculous than in the simple sero-fibrinous cases, and it is very important to relieve the lung early of

the compression to which it is subjected by any large quantity of fluid. I think, however, the risk of the compressed lung becoming the seat of tuberculosis is not very great; more serious is the danger lest it should become bound down by such firm adhesions that it cannot expand. Gentle counter-irritation of the skin is probably beneficial in these later stages, stimulating the lymphatics of the costal pleura. In the cases of chronic sero-fibrinous effusion with thickening of the membranes the fluid reaccumulates rapidly, and aspiration may have to be performed very many times. In these instances systematic pulmonary gymnastics should be practised. The expansive efforts of forcing water from one large Wolf's bottle to another is a good method. When the exudate is purulent the case should be transferred to the surgeon for thorough drainage.

The second indication is to improve in every way possible the general nutrition of the patient, so as to favor conditions promoting the healing of the tuberculous process. No doubt, as in pulmonary and peritoneal infection, many instances of tuberculosis of the pleura recover and leave no more damage than that associated with slight thickening of the membrane. A life in the open air, regular habits and exercise, a nutritious diet, and the use of the remedies which promote in every way digestion and the assimilation of food, should be advised. And finally we may lay to heart the words of Sir Andrew Clark: "When we have a patient with basic fibrinous pleurisy, let us hold him fast, restrict his freedom and treat him carefully, until every remnant of it is gone."

—Osler, *Boston M. and S. Journal.*

News.

MR. JOEN W. MACKEY, the multi-millionaire whose life was saved by his physicians, kicked at their modest bill of \$12,500. Mr. Mackey should state at what sum he values his life; and if this is not satisfactory, the next doctor who takes him in charge can bury him and collect from the estate.

DR. EDWARD F. MORDOUGH, formerly a prominent Brooklyn physician, died in the Incurable Hospital at Flatbush, August 10th. He graduated at the Long Island College Hospital in 1868, and served as its house surgeon. His body only escaped accidentally being sent to the Potter's Field.

In the suit of the Minneapolis, St. Paul and Sault Ste. Marie Railroad Company, to restrain the Michigan State Board of Health from subjecting passengers entering the State to quarantine, or their baggage to disinfection, the Circuit Court has refused the injunction asked, and recognizes the right of the individual States to establish quarantines.

Dr. L. K. Baldwin, of Philadelphia, died last week of heart disease. He was for many years Treasurer of the Philadelphia County Medical Society, and examiner for the Equitable Life Insurance Company. Dr. Baldwin was very popular in the profession and will be much regretted.

An epidemic of diphtheria at Hightstown, N. J., was attributed to milk, as six cases were in families supplied by one milkman.

In France the provincial medical schools are empty, while the Paris school is over crowded with pupils, and the supply of dissection material has become scanty.

Missionaries are sadly needed in England, where the Westham guardians are said to be raising money by subscription for the marriage of an idiot to a lunatic.

Mr. R. W. Gardner is engaged in a curious discussion with Dr. R. W. Wilcox, over the latter's article upon hydriodic acid. Mr. Gardner claims that Dr. Wilcox used the former's published materials in the preparation of a paper advocating another brand of the acid. These allegations are backed up by quotations from the two publications, in parallel columns, that show, to say the least, a remarkable harmony in thought and expression, the wording being identical in some cases, and in others the sentences being simply inverted.

Dr. ROBERT NEWMAN, of New York, will be in Chicago during the month of September.

Not content with selling their deceased husband's diplomas, the widows of English physicians now advertise for husbands to take them with the dear departed's practice included.

Dr. Eugen Sell, of the German Imperial Health Department has reported that Indian corn is unwholesome and not suited for general consumption. This is a heavy blow at the scientific prestige of Germany, when a man who occupies a high official position makes such an ass of himself.

DR. H. A. STARKEY ROBBED.

We clip the following from a Chicago paper:—

"Down in Harvey, where the swampy prairie stretches away into the darkness, illumined at rare intervals by the flickering rays of a gasoline lamp, Dr. H. A. Starkey, a prominent young physician of the town, lay for an hour last night, wounded and unconscious.

"Close to the railway tracks of the Grand Trunk road the unfortunate young man lay, his pockets rifled and his cowardly assailants making their escape in ease and safety.

"Dr. Starkey is the physician of a large institution in Harvey which recently shut down, throwing hundreds of men out of work. This fact may have some bearing upon the events of last night.

It was shortly after midnight when the doctor was aroused by a ring at the door-bell. He arose from bed and opening the door was confronted by a man who wore a cap pulled low over his face, almost hiding his features. He hastily informed Dr. Starkey that he came from Lawyer Dunning, whose wife was ill and needed immediate attention. Dunning is a well-known lawyer of the neighborhood and Dr. Starkey felt no hesitation in accompanying his midnight visitor.

"He hurriedly dressed and the pair started off through the dark night toward Dunning's house. It was now close on to one o'clock in the morning. Neither

spoke for some time, the event being a common one in the experience of the doctor and calling for no special comment. The cold night wind swept across the prairie, causing the doctor to draw his coat tighter about him as he hastened over the rough ground. Just ahead of the silent pedestrians glittered the warning switch-lights of the Grand Trunk railway, and the doctor hurried on toward the tracks while his guide seemed to fall a little behind.

"Suddenly two dark forms emerged from the shadow of a real-estate sign, which loomed ghost-like beside the railway embankment, and rushed upon him. Before the frightened physician could utter a cry of alarm he was struck from behind with a sandbag and felled to the earth. He struggled to rise and one of the desperadoes drew a revolver and fired three shots at him. One bullet tore its way through the doctor's arm and at the same instant he was again struck on the head and lapsed into unconsciousness. The footpads hastily tore open the senseless man's clothing and robbed him of \$75 and a gold watch. Then they fled across the prairie, leaving him lying by the tracks, helpless and wounded.

"An hour later consciousness returned to the stricken man and he feebly began calling for help. His cries were heard by John Beck, an iceman, who was in a barn near by, and the doctor was removed to his home.

"No clew was left by the footpads and the police are completely in the dark. It is pointed out, however, that the men must be residents of the town, probably ex-employees of the mill, as they knew Dr. Starkey and Lawyer Dunning and made use of this knowledge to their dastardly ends."

Dr. Starkey is a graduate of the Medico-Chirurgical College and has been located for several years in Harvey, where he has built up a large and lucrative practice. Cards are out for his marriage on August 17th to an estimable young lady in New York State. This case illustrates the danger braved by physicians in the discharge of their duty; a duty too often but little appreciated and poorly recompensed. It is to the credit of humanity that a crime so easily accomplished is so rarely perpetrated.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The following is the preliminary programme of the American Electro-Therapeutic Association, which will hold its third annual meeting in Chicago, September 12th, 13th and 14th.

DISCUSSION:

(1) "What are the Possibilities of Electricity in the Treatment of Fibroid Growths." Discussion will be opened by Dr. J. H. Kellogg, of Battle Creek, Michigan. The following among others have been asked to take part: M. le Docteur Georges Apostoli of Paris; M. le Docteur Georges Gautier, of Paris; Dr. La Torre, of Rome; Dr. Augustin H. Goelet, of New York; Dr. A. Laphorn Smith, of Montreal; Dr. Franklin H. Martin, of Chicago; Dr. Margaret A. Cleaves, of New York; Dr. G. Betton Massey, of Philadelphia; Dr. George F. Hulbert, of St Louis; Dr. E. L. H. McGinnis, of New York.

(2) "The Influence of Frequency of Interruptions and Character of Induced Current Waves upon Physiological Effect." Discussion will be opened by Professor J. W. Morton, of New York. The following among others have been asked to take part: M. le Prof. d'Arsonval, of Paris; Prof. Dubois-Reymond, of Berlin; Mr. Newman Lawrence, of London; M. le Docteur Larat, of Paris; Prof. Edwin J. Houston, of Philadelphia; M. le Docteur Apostoli, of Paris; M. G. Weisse, of Paris; Dr. W. J. Herdman, of Ann Arbor, Michigan; Mr. J. J. Carty, of New York; Dr. J. H. Kellogg, of Battle Creek, Michigan; Dr. A. H. Goelet, of New York; Dr. Weir Mitchell, of Philadelphia; Dr. A. D. Rockwell, of New York. Dr. Frederick Peterson, of New York; Dr. W. F. Hutchinson, of Providence R. I.; Dr. Georges Gautier, of Paris; Dr. Franklin Martin, of Chicago.

PAPERS:

1. "The Nutritional Effects of Statical Electricity." By Prof. W. J. Morton, M. D., New York.

2. "Electro-Medical Eccentricities." By Newman Lawrence, M. I. E. E., London, England.

3. "The Graphic Study of Electrical Currents in Relation to Therapeutics."

By J. H. Kellogg, M. D., Battle Creek, Michigan.

4. "The Action of the Continuous Current within the living Tissues as distinguished from the local Polar Action" By Prof. W. J. Herdman, M. D., Ann Arbor, Michigan.

5. "Therapeutic Application and the Theory of Alternating Currents." By Dr. Georges Gautier, Paris, France.

6. "The Treatment of Fibroid Tumors with Electricity." By Dr. Georges Gautier, Paris, France.

7. "Induction Coils." By Mr. A. E. Kennelly, of the Edison Laboratory.

8. "Electrolysis in Tumors of the Bladder." By Robert Newman, M. D., New York.

9. "The Present Position of Electricity in the Treatment of Ectopic Gestation." By A. Brothers, M. D., New York.

10. "Electro-Therapeutics in Salpingitis." By W. B. Sprague, M. D., Detroit, Michigan.

11. "Report of a Case of Ascites cured by Galvanism." By Holford Walker, M. D., Toronto Canada.

12. "The Primary Action of the Galvanic Current on the Blood. It increases the amount of Ozone it contains as shown by Chemical Tests of the Blood in the Arteries." By J. Mount Bleyer, M. D., and M. M. Weil, M. D., New York.

13. "The Conservation of Energy as a Successful Factor in Electro-therapy." By Horatio R. Bigelow, M. D., Philadelphia.

14. "Synovitis treated by Cataphoresis." By F. H. Wallace, M. D., Boston, Massachusetts.

15. "The Use of Static Electricity in the Treatment of Incipient Insanity." By W. F. Robinson, M. D., Albany, N. Y.

16. "Further Study of Electrical Anæsthesia and frequency of Induction Vibration." By W. F. Hutchinson, M. D., Providence, R. I.

17. "The Absorption of Fibroid Tumors by Mild Electric Currents." By R. J. Nunn, M. D., Savannah, Ga.

18. "Some Observations on the Fine Wire Coil or Current or Tension." By H. E. Hayd, M. D., Buffalo, N. Y.

19. "The Treatment of Subinvolution

by Electricity." By C. G. Cannaday, M. D. Roanoke, Va.

20. "Successful Treatment by Electrolysis of four additional Cases of Oesophageal Stricture with Exhibition of Two Cases." By D. S. Campbell, M. D., Detroit, Mich.

21. "The Treatment of Dysmenorrhœa by the Galvanic Current." By A. Laphorn Smith, M. D., Montreal, Canada.

22. "Notes upon some Uses of Galvanism in Surgery." By W. B. D. Beaver, M. D. Reading, Pa.

Several other papers of equal interest have been promised, but the titles have not yet been received.

MARGARET A. CLEAVES,

Secretary.

WEEKLY REPORT OF INTERMENTS.

PHILADELPEIA, AUGUST 14, 1893.

Deaths and interments in the City of Philadelphia, from the 5th to the 12th of August, 1893.

CAUSES OF DEATH	Adults	Minors	CAUSES OF DEATH	Adults	Minors
Aneurism of Aorta.....	2		Inflam'n Kidneys.....	8	
Alcoholism.....	1		" Larynx.....	1	
Apoplexy.....	13	1	" Lungs.....	5	11
Asphyxia.....			" Perica'm.....	1	
Bright's Disease.....	11		" Perito'm.....	5	
Burns and Scalds.....		2	" Pleura.....	3	1
Cancer.....	15		" Sto. & Bls.....	12	9
Casualties.....	5		" Spine.....	1	
Cerebro-Spinal Meningitis.....		1	" Heart.....	1	1
Congestion of the Brain.....	2	3	" Tonsils.....	1	1
Cholera Infantum.....		60	Jaundice.....		1
" Morbus.....	3	1	Laparotomy.....	1	
Cirrhosis of the Liver.....	3		Marasmus.....		31
Consumption of the Lungs.....	37	6	Measles.....	2	4
Convulsions.....	18		Nur'l'gia of the Heart		
Croup, Membranous.....	1		Obstruction of the		
Cyanosis.....	3		Bowels.....	1	
Debility.....	3		Old Age.....	15	
Diarrhœa.....	4		Paralysis.....	3	
Diphtheria.....	7		Poisoning.....	1	
Disease of the Spine.....	2		Rheumatism.....	1	1
" Heart.....	20	4	Sclerosis.....	2	
" Kidneys.....	1		Shock.....	2	
" Liver.....	1		Septicæmia.....	3	
Drowned.....	2	3	Sore Mouth.....		1
Dropsy.....		1	Suffocation.....		1
Dysentery.....	7	3	Suicide.....	1	
Erysipelas.....	3		Sunstroke.....	1	
Fever, Malarial.....	2		Syphilis.....	1	1
" Puerperal.....	1		Teet'lug.....		2
" Scarlet.....	1		Tetanus.....		1
" Typhoid.....	8	1	Tumor.....	2	
Hemorrhage.....	1		Ulceration of the		
Homicide.....	1		Bowels.....	1	
Inanition.....		12	Ulceration of the		
Inflam'n Brain.....	4	13	Stomach.....	2	
" Bronchi.....	2	1	Uræmia.....	4	2
			Whooping Cough.....		10
			Total.....	229	236

The Times and Register

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Original Article.

LECTURE UPON METALLIC INTERSTITIAL ELECTROLYSIS.

By AUGUSTIN H. GOELET, M. D.

[Delivered in the Course of Clinical Instruction in Gynaecological Electro-Therapeutics at the West Side German Clinic, New York.]

IN 1891* my friend and colleague Dr. Gautier of Paris suggested a novel method of electro-chemical medication which he designated *interstitial* electrolysis. It consisted in the application of a solution of iodide of potassium which was decomposed by the action of the current and either iodine or potassium was liberated according to the pole upon which it was employed. The purpose of this was to increase the antiseptic and germicidal power of the current at the poles. It is well understood that this effect is obtained only at the positive pole with the ordinary method of using the current, and that only when a strength of current is used which is rarely tolerated easily.

Gautier instituted experiments which

*A translation of Dr. Gautier's publication may be found in the Archives of Gynaecology etc., for Aug. 1891, page 439.

demonstrated the positive germicidal power of both poles when a solution of iodide of potassium is employed with a current strength of only 25 m. He further demonstrated the fact that this action is not limited merely to the surface in contact with the electrode but that it penetrates to some distance beneath the surface. That, in other words, the action is interstitial.

He applied this method to the treatment of keloids, lupus, ulcerations, cysts, hydrocele, varicocele, chancres, buboes, etc., and to urethritis and endometritis as well with marked success. In the female urethra he used the positive pole with 25 m. and in the uterine canal the negative pole with 50 m. In both instances he employed an applicator made of platinum, which was wrapped with absorbent cotton and dipped into a solution of iodide of potassium, having a strength of one to ten parts of water.

About the same time or possibly before, Prochownick published the details of of another method of enhancing the germicidal properties of the positive pole. He employed as an electrode a copper sound with that pole. He applied it first to the cervical canal in a case of gonorrheal

infection, using a current strength of 80 to 100 m. for ten minutes, and noticed that the gonococci disappeared and the discharge became serous after three applications.

To Gautier, however, is due the credit of developing and popularizing this method of application, which he designates a form of interstitial electrolysis.

A more comprehensive term is metallic electrolysis; since the action depends upon the electro-chemical decomposition of the metal employed as an electrode. You will understand of course that this action can take place only at the positive pole, since it is here that the oxygen, chlorine and acids which act upon the metal, congregate, so to speak.

Instead of a chemical decomposition of the tissues in contact with the electrode, which occurs when a non-attackable metal, such as platinum or gold or carbon is employed, the metal is acted upon and the formation of an oxy-chloride of copper is the result. That is, the decomposition liberates upon the surface of the electrode, and consequently upon the tissues in contact with it, this salt of copper; which has an apple-green color and is insoluble. As soon as formed this salt is driven into the tissues beneath the surface, by an electrical osmosis or cataphoresis, as one of the direct effects of the current. This was very clearly demonstrated by Gautier, in his experiments upon the uteri of rabbits which had been submitted to the electrolysis of copper. The tissues for a considerable distance were stained an apple-green color. He also demonstrated positively that these salts of copper exert no deleterious effect, but on the contrary he found them to be therapeutically valuable.

One great advantage claimed for this method of application is that the usual caustic action upon the tissues, which occurs when non-attackable electrodes are employed, is avoided when attackable metals are employed, since the action takes place upon the metal instead of upon the tissues.

Gautier seems to have limited his observations to metallic copper, though any other oxidizable metal may be employed in the same manner, such for instance as zinc, silver, iron, lead, tin, etc. It will thus be perceived that this opens up

an enormous field, and affords an opportunity for a greatly diversified application of electricity.

This suggested to me the use of zinc, where the action of the oxy-chloride of this metal would be likely to prove beneficial, and my observations, which have now been extensive, extending over a period of a year, have satisfactorily demonstrated the usefulness of this method of application. These I will enumerate further on.

Let us consider, first, what are the advantages of this method, of employing the salts of the different metals, over the ordinary method by means of crystals, fused pencils, solutions, etc. It is very generally understood, that when these agents are employed in the ordinary manner, the action is entirely superficial and consequently imperfect and unsatisfactory in the majority of cases. Also, it is not quite possible to localize the action satisfactorily, but it becomes diffused over a greater area of surface than is often desirable. The soluble nature of the agent provokes irritation, which is frequently prolonged for an undesirable period afterwards.

The method under consideration, which we will term metallic electrolysis, possesses numerous advantages, which should commend it highly. Likewise some of the disagreeable features consequent upon the other method of application are avoided. In the first place it is possible to confine the action within desirable limits, the formation of the salt resulting from the decomposition of the current being confined to the area in contact with the electrode or metal, and as soon as formed the salts, both those which are soluble and those which are insoluble are driven into the tissues beneath, as the result of an electric osmosis or cataphoresis. By regulating the strength of the current, and the duration of the application or contact of the electrode, the extent of the action can be very nicely and accurately varied.

This you have seen demonstrated repeatedly here in this clinic, when the electrode in some cases is allowed to remain in one position for five or ten minutes, and in other cases it has been kept moving over the surface.

The action upon the metal occurs very quickly, and this reminds me to warn you that when copper or iron is employed the electrode will become adherent, and it is sometimes quite difficult to remove it when the application is being made to cavities. Gautier suggested that the poles be reversed for a few minutes after the application is completed, in order to facilitate the withdrawal of the electrode, the action of the negative pole having the effect of loosening it. I have found this to be seldom necessary, however, if the electrode be carefully rotated upon its axis before any attempt is made to withdraw it.

Great improvements have been made in this method since its inauguration by Gautier, and its uses have been greatly extended. He recommended using a current strength of 30 to 80 m. and prolonging the application to ten or twenty minutes. This has been found unnecessary and undesirable in many instances; so that now a strength of 20 to 30 m. is rarely exceeded, and the duration has been limited to five or ten minutes, and even a shorter period is often more desirable. It is often better to keep the electrode in constant motion over the surface upon which it is desired to obtain the action. Much depends upon the surface to which it is applied and the condition with which you have to deal, as you have observed in the cases you have seen treated in this clinic.

To enumerate some of the uses to which this method of electro-chemical application with copper can be put, uterine hemorrhage, endometritis, urethritis, and ulcerating surfaces may be mentioned as having been suggested by Gautier. My friend, Prof. W. J. Morton, has very clearly demonstrated its usefulness in certain conditions where it had not been thought of before. For instance he has employed it quite satisfactorily in hæmorrhoids, and ulcers of the rectum, using from 10 to 25 m. for five or ten minutes. In hæmorrhoids, though applied to the surface, no irritation is provoked, and the tumor immediately shrivels up and gradually subsides. In some instances, the tumor has been punctured with copper needles and the current employed through

them, liberating the oxy-chloride of copper within, with very encouraging results. He has also employed it with great satisfaction in the treatment of both atrophic and hypertrophic rhinitis, using 10 to 15 m., and keeping the electrode moving to avoid sticking. He has attained the most signal success with it in the treatment of trachoma. In this condition a strength of only 2 m. is used, and the electrode is kept moving over the surface for only a minute at each sitting. Some of the most obstinate and unpromising cases have been cured in this manner after five applications.

I have employed cupric electrolysis extensively in the treatment of hemorrhage from the uterus and in endometritis, and have been very well satisfied with the results. In uncomplicated uterine hemorrhage it has no equal, and in endometritis, associated with a softened and relaxed condition of the uterine body, the results have been excellent. It is quite important, however, to be certain that the cervical canal is patulous for subsequent drainage, and this part of the canal should be excluded from the action when possible, to avoid uterine colic, which I have found to result from the treatment when these precautions are not observed.

I am in the habit of employing from 20 to 30 m., for five or ten minutes, for the control of uterine hemorrhage, and, as you have often observed here in the clinic, it will control the bleeding when every other means have failed. The result is both prompt and permanent.

In endometritis I employ from 10 to 15 or 20 m., for a period of five minutes only, and have found this quite sufficient in the majority of cases where it is indicated.

I have used cupric electrolysis also with great satisfaction in fissure of the anus, using from 10 to 15 m. for three to five minutes only. Healing has been accomplished in this manner after only two or at most three applications, without stretching the sphincter. In proctitis there is nothing equal to it. Here a strength of from 10 to 20 m. is used, and the electrode is kept in motion, so the whole surface may be submitted to the action. In ulcer of the rectum this method of treatment like-

wise yields excellent results. Here the surface may be exposed with a speculum and the action localized where desired.

I have also applied cupric electrolysis to the cavity of vulvo-vaginal cysts, after evacuation, and have thus promptly arrested the secretion and effected rapid healing. It may be utilized in the same manner in the treatment of other cysts also.

The electrodes are made in various shapes and sizes, from an ordinary rod of copper to a bulb the size of the thumb. For uterine applications a piece of pure copper wire of suitable size, with the end rounded and smoothed off, may be used; and this may be insulated by a coating of shellac or a piece of catheter. When a copper electrode has been once used it must be thoroughly cleansed and rubbed off with emery cloth, so as to have always a bright clean surface, before it is again employed.

For the past year I have been making use of zinc in the same manner as copper, and have found that when decomposed by the current it possesses certain qualities essentially different, which entitles it to rank as equally valuable. The electro-chemical decomposition of a zinc electrode by the positive pole results in the formation of an oxy-chloride of zinc, which cannot be attained in any other way. With a strong current it is capable of extensive destructive action. It was employed by Gröh, a good many years ago, for the destruction of cancerous growths, by means of needles inserted into the structure. I have not however employed it for this purpose. By moderating the strength of the current, and limiting the duration of the application, this destructive action is avoided. In fact the result is then only a softening of the tissues, and sloughing does not occur. This action I have applied to the softening of fibroid and keloid growths, in cases where the negative pole would be contra-indicated, and also in conditions of sclerosis, with very gratifying results. Here it is employed by means of puncture, with needles made of pure zinc, $\frac{1}{16}$ to $\frac{1}{8}$ in. being used for five or ten minutes. Some of the results have been truly remarkable, but my observations are not completed, and for this reason I have published nothing upon the subject.

I consider that the greatest value of zinc electrolysis is in the treatment of endometritis, associated with a condition of sclerosis of the uterus, and in granulation or so called ulceration of the cervix. You have had abundant opportunity of observing how promptly it acts in curing these conditions. I know of no other method of dealing with this condition of granular degeneration of the cervix, which will give anything like the prompt result that this will.

You will recall the case which you saw treated at the last clinic, where a complete healing of the surface had been effected by six applications.

You are already familiar with my method of application of zinc electrolysis in the different conditions where I employ it, and I need not repeat here. But I will ask you to pay particular attention to the details, for very much depends upon its proper application. I would advise you to take close notes of the strength, duration and frequency of the application, etc., in the different conditions, as you see them treated, for your future guidance in your practice. In this manner only will it be possible for you to get the same results which you have witnessed here.

THE CAUSATION OF CARDIAC DISEASE.

The study of cardiac lesions throws into relief the importance of tracing diseases to their true causes. They are all referable to primary conditions—rheumatism, gout, specific fevers, tuberculosis, sepsis, alcoholic excess, syphilis, etc., which are singularly fruitful in morbid products. These conditions constitute a formidable list, to which we are constantly adding, and each is responsible for heart affections, having more or less characteristic clinical and pathological features. The immense importance of investigating cardiac diseases upon the basis of their antecedent and underlying morbid states, cannot be overestimated, for the treatment and prognosis depend largely upon the particular agent at work. The same remark, I need scarcely say, holds good in the case of lesions of other organs, a fact that in many instances has been fully recognised. But its application in heart disease is perhaps more than ordinarily

conspicuous. It has been the habit of our schools to attach too much value to the diagnosis of the particular valve lesion, and too little to its cause. Thus, for example, we content ourselves with the shallow and often unimportant observation that this or that case is one of mitral regurgitation, or double aortic disease, a diagnostic shibboleth that any novice may apply; forgetful that what is of paramount importance is not only the primary reason for the existence of the lesion, but also the cause upon which the symptoms belonging to any subsequent attack of cardiac failure may depend. Thus the inquiry would necessarily embrace the questions in the case of toxæmic lesions—gouty, rheumatic, alcoholic, etc. Is the poison still circulating, and what is the prospect of its return? Difficult and at present more or less problematical are these questions, but to them we must direct our attention before we can hope to prognose and treat heart disease successfully.

An attack of rheumatism may damage a valve and leave behind a permanent legacy, but how innocuous that structural change may be, so far as the health of the patient is concerned, so long as his real enemy—rheumatic poison—remains absent, is well known to all practitioners. For there can be no doubt that the injured endocardium is very apt to suffer further damage under the influence of fresh rheumatic attacks, however slight. And it is these intercurrent rheumatic accessions, often subtle and unattended by any outward manifestation beyond fever, that are fraught with so much risk. So also is the case of gouty mischief, but here the causal factor is more constant and insidious in its operations, and its ravages are too often deeply rooted before they are recognised, a fact that should compel us to greater diligence in unearthing a latency so dangerous.

In syphilis we have a much more common cause of heart disease than textbooks admit, and surely a morbid agent that might be met and treated if recognised at the outset; but how seldom has the attempt been made, though specific arterio-sclerosis is, I venture to think, an obvious pathological entity.

The varieties of alcoholic heart disease are now receiving attention, and, with

increasing clinical and pathological information, it is to be hoped that fewer mistakes in prognosis will be made; for often the alcoholic heart fails suddenly giving rise to an unexpected catastrophe despite the most favorable prognosis, because, the mischief being more of the myocardium than the valves, has remained undetected.

Careful attention to these etiological circumstances will often enable us to help the poor cardiac backslider, in a more substantial way than if we simply consider his defective machinery and treat his more pressing wants, regarding the intercurrent attacks as natural and unavoidable incidents in the course of the disorder. It has several times fallen to my lot to demonstrate in the *post-mortem* room that the valve lesion from which the patient had suffered was due to a chronic tuberculosis of the pericardium resulting in general adhesions, and that the valves supposed to be diseased were in themselves healthy, though the orifices were dilated and the myocardium degenerated. Obviously the treatment and prognosis of such a case must differ from the treatment and prognosis of cardiac failure the result of old rheumatic pericardial adhesions, or of a heart damaged in early life by scarlatinal valvulitis and broken down by excessive work, or of a rheumatic case, marked by returning and often protracted pyrexial attacks, or of an insufficiency directly due to alcohol.

Would a substantial reduction in the number of chronic heart cases, as the result of the recognition of the fact that many are due to curable and preventable causes, which an early and successful treatment might reasonably be expected to subdue, be a dream too visionary for us to indulge in? I think not; but assuredly, until we fully appreciate the cause, a dream it will remain.

—Drummond, *Brit. Med. Jour.*

No wonder the press favors quackery, In a little Tennessee Journal before us, out of thirteen columns of advertisements more than nine are of quacks.

MAJOR ALEX. McCANDLESS has been appointed Surgeon-in-Chief of the Penna. Guard, in place of Col. Huidekoper, resigned.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

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PHILADELPHIA, AUGUST 27, 1893.

MISTAKEN CHARITY.

IN *Schorer's Familienblatt*, (*Literary Digest*) Kalthoff contributes a suggestive paper on the question of the so-called modern charities. Frohme terms the alleged "Christian brotherly love, a secret enemy to the rights of man," while Engel says that the "idea that liberty will spring from love is a regular pest." These attacks on public charity, Kalthoff pronounces by no means groundless. The valuation put upon charities is a mistake. To show sympathy is honorable, and those who are animated by a helpful spirit are superior to the strictly selfish as men; but a thoughtful philanthropist should seek to remove the cause of an evil, instead of the easy, careless alleviating it by gifts. Ludlow says that if distress come from too low wages, the goods distributed by the clergy and poor officials must be considered as supplementary wages, actually due to the workers. The public and private chari-

ties thus assist the manufacturer to obtain control of the markets. "To go with gold to such martyrs, playing the benevolent, is to insult them and lie to God."

Among the social sanitary corps are many idlers, mostly women, who greatly discredit charity. They look upon poverty as simply a means of throwing their own affluence into relief. Society recreates itself with charity as a change of amusements; and for this the poor are expected to be grateful.

Even those whose motives are the best, may fail through incapacity. Sick-nursing is a noble charity, provided the nurse understands the duties of such work.

Money-giving is looked upon as a panacea for all ills. The very quackery of charity is alms-giving to the beggar at the door. This slothful softness creates mendicancy, it destroys self-respect, encourages imposture and demoralizes honest industry. Trades-unions avoid this evil by collecting great sums to prevent the unemployed having recourse to begging. They restrain many workmen from sinking into tramps.

Another objectionable form of charity is the free Christmas dinner; blunting the feeling of worth in donor and recipient. Far more important than money or gifts is warmth of heart, personal sympathy. "Put yourself in the place of him whom you approach as helper, and you will act with greater delicacy. You will learn that our present charity is a mistake, that very few are willing to acknowledge the poor as their equals. True kindness does not parade its deeds before the world; it does not wish to play the part of a gracious patron."

There is more truth in this than one likes to acknowledge. The evils of indiscriminate giving are evident to every thoughtful observer; and by no class is such mis-called charity so widely practised as by the medical profession. It is quite

within the bounds of possibility that, of the enormous sums contributed to the support of our charitable institutions, not five per cent. are expended in genuine charity to deserving cases.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,
TIMES AND REGISTER,

1725 ARCH STREET, Philadelphia, Pa.

SEXUAL DISPARITY.

I HAVE a case for which I would like some advice. It is a man, occupation foreman, 41 years old; his wife is 39. They have had five children, all living. Both are of good health. The man's sexual passions are very strong, but his wife has none and detests the act. It does not hurt her any way; her sexual organs are healthy, and menses regular. They are both very unhappy on account of their sexual relations, I think. The wife says she used to love him, but does not now, nor any other man.

The husband could have sexual congress every night, he says, and does so about three times a week, always against her consent or wishes. Each one thinks the other's mind is impaired. I had thought I would give the man *salix nigra*, and the woman *damiana* and *phosphorus*, but I really see no need of doing so. What would you advise in the matter?

I have been their family physician for ten years, and they both ask my opinion about the matter, and have agreed that I should write to you and get your opinion. What is the history of sexual excesses between man and wife? I know a man 60 years old, who claims to have had connection with his wife every night for the past thirty-five years, without any evil consequences.

In your opinion what is the limit of

sexual indulgence between healthy persons without evil effects?

When first married the wife enjoyed the act, and has with all the children, when about five months pregnant.

J. L.

[Such cases are very common, though they rarely get beyond the sanctum of the physician. Much of the deplorable immorality of elderly men is due to this incompatibility; where desire has ceased on the one side, but continues unimpaired on the other. I do not see that there is much here for the physician to do. The wife has accepted the responsibilities of that station and must fulfil her duties, whether agreeable or not, as long as she is not physically disqualified. The husband is to be cautioned against the tendency to excess, which, appearing at this age, may be the cause or forerunner of neurotic disease. Exercise, cold baths, regulation of the bowels, avoidance of late or heavy suppers, keeping the mind off lascivious thoughts, and especially occupying separate beds, serve to bring the appetite into proper limits. A dose of bromide at bedtime will also be of use. Any undue sexual appetite in a man over forty should lead to the suspicion of ataxy, and careful investigation should be made. Even if no such disease can be found, it is good practice to adopt the above measures, as at that age sexual indulgence will impair the vitality more than in youth. Stimulating lotions, of capsicum, etc., have been used to restore appetite to women, with some success; but it is a dangerous experiment and not to be advised. The development of sexuality near the menopause is apt to be excessive, and to produce a *Messalina*.

There is absolutely no rule as to the degree to which sexual intercourse may be indulged in with impunity. One man tells me that once a month is his limit; while another says he has indulged nightly for twenty-five years. The tendency of humanity towards sensuality is so great, and its consequences so inevitably and unvaryingly injurious, that the physician is always right in counseling moderation, and advising such a regimen as will lead to it. In such matters we revert to the ancient position of the physician-priest; only that now our knowledge of physiology enables us to inculcate the principles of morality and show how their infraction leads to disease and death, with an effect no priest can produce.—W. F. W.]

BED-PANS MADE COMFORTABLE.

THE crockery bed pan is cleanly and cheap, but is uncomfortable to a well nourished patient, and to the emaciated is an instrument of torture.

To make comfortable: Make a pad of cotton cloth and any soft filling, about eight inches square, an inch or more thick; to one side sew a piece of cotton cloth of length enough to do the following—the pad should be placed on the posterior part of pan on which the buttocks, or better the sacrum, rests; pass the cotton cloth band from the posterior

edge of pan under pan and forward to the prolongation in front, and fasten it by passing it, the cloth, over the prolongation through a hole in its substance. This process is really reversed in practice, the cloth band is passed over the prolongation spout in front of pan, carried down under it and the pad placed where it belongs; sometimes it may be necessary to pass a band laterally round the bed-pan. The idea is my mother's, not mine; has worked very effectually in a case of consumption of the lungs and bowels; and rendered so much comfort in the same that I thought the idea should be known.

JOHN A. CUTTER, M. D.

EQUITABLE BUILDING, NEW YORK, AUGUST 17th, 1893.

SORE NIPPLES—ANESTHESIA.

I HAVE a patient who has sore nipples. Her babe is five weeks old. I have tried all the remedies I have heard of, but nothing seems to do any good. The babe cries constantly. What shall I do?

Another patient is troubled with a "sleepy feeling in her arms." It has also been felt in the legs, to a less degree. I gave her strychnine and digitalis, and applied liniments, and she seems better: but the sensation changes about. She also has leucorrhea most of the time.

Z. R. MILLARD, M. D.

Thackery, Ill.

[Wash the nipples with pure, luke-warm water, dry them, and paint the cracks with a mixture of compound tincture of benzoin and camphorphenique, equal parts. Do this twice a day. Cover the nipples with some dry dressing to keep them from being rubbed by the clothes. See that the baby's mouth is healthy and free from aphthæ. Wash the nipples with pure water and dry them after every nursing.

For the second case, keep the bowels free and see that the kidneys are acting properly. Anesthesia may be due to ptomaines absorbed from the bowels, or to deficient elimination, by the kidneys. Also, wash out the vagina with chlorinated soda, and find out and remove the cause of the leucorrhea.

—W. F. W.]

PUERPERAL CONVULSIONS.

MRS. P. is thirty years old, the mother of six children, and had convulsions with four. She became blind four hours before the convulsions came on the last time, eighteen months ago,

and was unconscious three days after the convulsions ceased. She will be confined in four or five weeks. Her urine is loaded with albumin. I tested it this morning, and it was perfectly thick, looked to be at least half albumin. I put her on comp. jalap to open the bowels, with tincture of iron and digitalis as tonics. For a diuretic, acetate of potassium, squill and Indian hemp. I ordered her back to be cupped, and hot baths to be taken.

I write for your advice as to what more to do. And if the convulsions come on, what is the best plan to treat them? What shall I do when first called at the commencement of labor? Shall I bleed her to anticipate?

T. W. FOSTER, M. D.

ZEIGLERVILLE, MISS.

[Keep her on acetate of potassium until labor begins. Give plenty of fruit juices, very little meat, and all the buttermilk she will drink. Keep the bowels open. When the first signs of convulsions occur, put her on veratrum viride, enough to control the symptoms; and as soon as the womb opens enough, deliver as quickly as possible. Don't bleed. Don't give iron or digitalis.

—W. F. W.]

PLEASE inform me through the TIMES AND REGISTER where the special tablet zinc sulpho-carbolate, bismuth and pepsin, mentioned by Dr. Taylor on page 679, also the cholera granule on page 686, of the same issue, may be obtained.

E. O. PLUMBE, M. D.

ROCK VALLEY, IOWA.

[The Philadelphia Granule Co., No. 10 S. Eighteenth St., inform us they are filling orders for both these tablets.—ED. T. & R.]

RECTAL PARASITES.

I HAVE a case for which I need some help, and I want you to place it before the profession in the columns of the journal. It is a case of worms, inhabiting the rectum. They are about 1-20 inch in length, and from that down to a size too small for the naked eye. They are discharged every day by hundreds of thousands; after being discharged they increase to five or six times their size. They are the shape of a young wasp, and have two eyes, in the smaller end. I have tried santonine, calomel, oil of wormseed and in fact everything known to me.

The patient is a man 46 years of age,

thin and anemic, in bad health for six years. Two years ago he passed a tape-worm 73 feet long; and seemed to improve somewhat after this. For a year he never saw any of the little worms, which showed themselves four months ago. I would like to have your advice and that of our brethren.

D. C. DARNELL, M. D.

Grand Saline, Tex.

[From the description one would infer that the worms are the young tæniæ, escaped from the segments. It would be well to send some specimens, in a vial of Platt's Chlorides, an excellent fluid to preserve such things. The remedies mentioned have failed either because the worms are of the tape-worm family, or because they inhabit the rectum only. For the former give pumpkin seed or turpentine. For the latter wash the anus with chlorinated soda solution, and give an enema of strong salt water eight ounces, with two teaspoonfuls of tincture of iron in it.—W. F. W.]

French Notes.

By E. W. BING, M. D.

SALOL IN CHOLERA.

M. Girode presented, apropos of salol in cholera, two masses of the substance which were taken from the stomach of a woman dead of the disease.

Taken sick on the 17th of April, she died on the 20th. On the 18th she took at intervals of three hours, six doses of salol, of 50 cgms each; the medicine was suspended on the 19th, after the third dose. Vomiting followed several of the doses and it is likely that some of the drug was thrown up. At the autopsy two projecting lumps, were found, toward the middle of the great curvature; internally, corresponding to these points, the masses were found, one weighing $1\frac{1}{2}$ grammes, the other $1\frac{1}{4}$ grammes, of a concavo-convex shape, each, formed of two agglutinated portions, occupied depressions, and the stomach wall at these points was thinned. Microscopically there was epithelial necrosis at these points. The remainder of the stomach was intact. The contents were rich in microbes and the spirillum. The mucous membrane of the small intestine presented superficial erosions, and numerous follicular ulcers, some isolated, and some in Peyer's patches. The salol then had remained

completely useless, a not suprising result if one considers the disturbances of the mechanism of digestion and of the secretions in cholera. Far from being an anticholeric, it may even by contact with the gastric ulcerations become dangerous. In the ulterior digestive affections, it exacts the greatest prudence in its use, and especially in the course of choleraic affections.

—*Rev. de Therap. Med. Chir.*

A MODIFIED OPERATION FOR HÆMORRHOIDS.

Dr. Quénu, of Paris, has previously followed Whitehead's operation, but having noticed that the stitches frequently "cut out" and delayed union, he devised the following modification: He makes the incision at the muco-cutaneous junction then dissects up the mucous membrane, and instead of cutting this away he preserves it, but removes the venous pouches from its surface; some points of suture are placed where required, then the mucous flap is replaced and fixed. In this way the line of sutures remains extra anal, and the execution of the operation is easier; a strict regime is much less necessary after the operation. This plan has also been used advantageously in complicated hemorrhoids.

—*Bulletin Generale de Therap.*

OXALIC ACID AS AN EMMENAGOGUE.

Parlet strongly recommends oxalic acid for this purpose. He prescribes:

R	Acid oxalic,	2 grammes	3 ss
	Infusion of tea,	190 "	3 vi ss
	Syrup of orange peel,	75 "	3 ij ss

S.—Tablespoonful every hour.

It is especially at the expected time of the appearance of the menses that this is indicated. Under these conditions it surpasses all the other emmenagogues of the most repute.

—*Rev. de Ther. Med. Chir.*

METHYL-BLUE FOR MALARIA IN CHILDREN.

Dr. Ferreira (of Rio Janeiro,) has treated forty children attacked with malaria, by this drug. The daily doses have varied from 25 to 50 centiliters (50 to 100

fl drms). He reaches the following conclusions.

1. Methyl-blue constitutes an effective agent in the treatment of malarial infection in children, especially when the case is obstinate and has resisted other means.

2. Its employment is useful also in the inter- and re-mittent forms of malaria where there is no immediate danger to life. In cases of intense poisoning, (pernicious cases) which frequently resist even large doses of quinine, the "blue" should be supplemented by hypodermic injections of quinine bi-hydrochlorate, the action of which is energetic and prompt.

3. Methyl-blue is perfectly tolerated by children, it causes neither vomiting nor diarrhoea, and the patients take it easily. In this respect it offers advantages over quinine.

4. The drug exercises a manifest action on the malarial germ and on the processes of the infection, as shown by the disappearance of enlargement of the liver and spleen.

5. It is also antipyretic, but not so much so as antipyrine.

6. It may be given even to very young children without inconvenience, in doses proportioned to age. It should be continued for some days after the disappearance of the symptoms.

7. Methyl-blue should be more largely employed in malaria in children as a cure, and as a preventive. Dr. F. gives the drug by the mouth, dissolving it in syrup of orange peel and syrup of canella. It does not soil the linen.

—*Rev. de Therapeutique Med. Chir.*

TREATMENT OF EPITHELIOMA OF THE FACE. (DR. DARRIER.)

Reviewing the various methods, he describes the following plan which he has found successful.

After removing scales and crusts from the surface, by means of antiseptic poultices, or if the coating is too thick, by touching it with the galvano-cautery, he then anaesthetizes the surface, with a 10 per cent. solution of cocaine. Then all the diseased surface is wet by a brush soaked in a concentrated solution of methyl blue one gramme, alcohol and glycerine each 5 grammes. All portions

tinted blue are then very lightly touched with a steel probe, wet with a solution of chromic acid 1-5. This produces a purple color. The blue is reapplied, after which the surrounding parts are carefully washed to remove excess of color. The consecutive dressing consists of starch poultices or sublimate compresses, to prevent the formation of crust. The applications are repeated four or five times at intervals of two or three days. Then the blue is used alone until the skin no longer absorbs the color. The treatment lasts from three weeks to two months, for superficial epitheliomas, according to their extent (requiring about one month for each square centimeter). In the deeper forms, interstitial injections of the blue would be indicated, and carefully touching the deeper parts with the chromic acid.

The immediate results are rapid and brilliant. Are they lasting? It is quite probable that relapses will occur, but the treatment is so quickly efficacious and simple, that relapses if they occur may be taken in hand early if the patient is warned of the liability. The author recounts six cases which have been to all appearances permanently cured.

—*Bulletin de Therap.*

NITRO-GLYCERINE FOR VOMITING.

(HUMPHREYS.)

The author recommends this drug in vomiting, from any cause. A trial of three years has proved to him, that in gastric catarrh of adults and children, in alcoholics or anæmics, this is almost a specific. It has acted well in uncontrollable vomiting of pregnancy, also in cases of vomiting of cerebral origin. It is not much good in the vomiting of phthisical subjects; nor in peritonitis. It has not given any unfavorable after-symptoms.

—*Bulletin Gen. de Therap.*

The Medical Digest.

PHARMACOLOGY IN EUROPE.

PIPERAZIN is steadily gaining ground in the estimation of European physicians, and is regarded as *the* remedy in all forms of uric acid diathesis, in continually widening circles. Dr. H. Wittzack

brings the latest contribution to the literature on the subject, and his experiences are equally favorable as those of Biesenthal and others who have fairly tried the remedy in practice. From observations in five cases of gravel and in one case of arthritis urica deformans, he draws the conclusions that (1) diuresis is considerably increased, in the case of arthritis, the amount passed in the twenty-four hours being more than doubled; (2) the specific gravity and acid reaction of the urine is lowered, but never becomes alkaline or even neutral; (3) the appetite is not affected and no disturbance of the general condition can be attributed to the administration of piperazin; (4) that there is no difference in the action of free base piperazin and its hydrochloric acid salt, but in practice the salt is preferable, because it is less hygroscopic. The author further emphasizes the necessity of administering piperazin continuously for some days (fifteen grains daily for a fortnight) before forming an opinion as to its efficacy, and at the same describes subcutaneous injections of piperazin as both painful and dangerous, causing infiltration and a tendency to form an abscess.

Although Wittzack is thus in unison with the majority of authorities as to the valuable properties of piperazin, he inclines to the views of Mendelsohn, as regards the solvent properties of a solution of piperazin in urine on uric acid concretions. He argues that the piperazin collects the dissolved uric acid in the system and carries it over into the urine in a combined form, thus preventing further depositions, and so relieving the patient, but questions the ability of piperazin dissolved in urine to attack pre-formed concretions. No doubt that old deposits of uric acid offer great resistance to the solvent action of the base in the dilute form in which is presented, and its action is only apparent after continual use; but as Wittzack's arguments are based upon a few laboratory experiments, in which old methods of determination are employed, that have proved to be inaccurate and misleading, they do not offer any notable opposition to the prevailing theory. It is difficult, indeed, to see why a urine solution should have such a totally different solvent effect

to an aqueous solution of piperazin, and, moreover, it may be pointed out that the piperazin generally reaches uric acid deposits in the body in other than urinary secretions.

After all, however, these are only minor points of dispute, the main outcome of Wittzack's experiments being that he conscientiously recommends piperazin in all cases of uric acid diathesis, and regards it as a specific remedy. A similar favorable opinion is held by Dr. John Gordon, who, at the request of the Scientific Grants Committee of the British Medical Association, undertook to test the power of solution possessed by piperazin on uric acid and uric acid calculi, and its therapeutic value in cases of gout or in uric acid diathesis. In his preliminary report on the first points in the research, he says, that there is distinct evidence of its solvent power both of calculi and uric acid, and it may be noted that Gordon expressly states that he employed normal freshly passed urine as the medium for all the solutions. As yet clinical cases have not been obtained in sufficient numbers to allow him to draw conclusions as to its therapeutic action.

Piperazin is, however, still too new a remedy to escape objections against its employment, which mainly depend upon incomplete acquaintance with the character of the base. Thus Dr. Roerig a short time ago reported a most unpleasant bye-effect of piperazin, which, if true, might well have raised grave doubts as to the advisability of its administration. He observed that after administration of piperazin to two persons suffering from uric acid diathesis, the urine gave a copious precipitate with picric acid, and he at once rushed to the conclusion that albuminuria was induced by the action of the piperazin upon probably unsound kidneys. This result, however, was in distinct contradiction to the observations of earlier investigators, who had administered as much as ninety grains piperazin *pro die* without finding albumen in the urine. The fallacy was at once evident when Biesenthal pointed out that even with one part piperazin in 20,000 parts water, picric acid produces a distinct precipitate, so that considering the large proportion of the base that passes

through the organism undecomposed, there is no wonder that a precipitate is formed by this reagent in the urine, after administration of fifteen or thirty grains of piperazin. The correctness of this opinion has been practically demonstrated, and the nature of the precipitate more nearly investigated. Employing picric acid as reagent, the distinction between albumen and piperazin is best shown by the disappearance of the crystalline precipitate of piperazin picrate on warming, whilst the albumen compound is insoluble both in hot and cold water. In the light of this knowledge Dr. Roerig's observations lose their startling character.

Instead of the employment of piperazin being limited, it appears rather to be extending to new fields of usefulness. Dr. Hildebrandt found that piperazin possesses the property of completely overcoming the elimination of sugar from dogs poisoned with phloridzin. By simultaneous administration of phloridzin and piperazin the usual diabetic symptoms did not appear, and the general condition of the animals remained good, the hydrochloric, salicylic and phosphoric acids being equally active. The application of this treatment to a severe case of diabetes, by the administration of fifteen to twenty-five grains of piperazin *pro die*, given in three doses in aqueous solution, and persisted in for fourteen days, reduced the sugar percentage from 7 or 8 to 3.3 per cent., whilst the general condition and nourishment of the patient was improved.

* * *

The results of an investigation by Dr. Sittmann, of the value of PAPAIN in stomach affections, fully confirm the remarks of last month as to the action of the vegetable ferment. The author found that it developed its digestive action alike in neutral, alkaline and acid solutions, and in cases of absence or pathological change of the digestive juices reduced the albumen to an assimilable condition. He administered five to eight grains papain; one and one-half grains sufficed to digest 150 grains coagulated egg albumen in four ounces of water in two hours, mixed with a little water, immediately after every meal of flesh. In acute catarrh of the stomach the improvement was noticeable after two or three doses, the pain

disappeared, appetite increased, and in two or three days a complete recovery was effected, more than six doses never being required. In chronic catarrh the course of treatment required to be prolonged for a fortnight; in three cases of chronic dyspepsia, originating in *ulcus ventriculi*, the appetite was restored in a week. Even in two cases of carcinoma *ventriculi*, that ultimately underwent a post-mortem examination, the use of papain considerably diminished the pain after meals. It was also successful in neurosis of the stomach, and in hysterical and neurasthenical cases. It is evident, therefore, that papain is a valuable agent in maintaining the general assimilative conditions for a time in all cases where there is, from any cause, failure of the digestive juices of the stomach.

The fact that papain has the power of digesting and thereby destroying dead and diseased animal matter, whilst it is inactive towards healthy living tissue, is also not sufficiently appreciated by surgeons. Although papayotin was originally introduced by Rossbach for the local antiseptic treatment of diphtheritic membranes, it has now been replaced by the cheaper and more active papain. Yet even this has fallen somewhat into disuse, and there is no doubt that the reason consists in its having been used too sparingly. As it is non-poisonous it can be applied freely without danger. In a recent contribution by Dr. H. A. Francis on the uses of papain as a "selective caustic" he relates that in his experience all traces of diphtheritic membrane disappear in a few hours in cases where the powder can be insufflated freely and frequently. In tuberculous ulceration he has also applied papain with success, and notably in *lupus vulgaris*. In the latter case a saturated solution of papain in glycerin was given to be rubbed into the lupous patch night and morning. The papules gradually disappeared, the surface assumed a healthier appearance, and even became soft and flexible and only slightly discolored, the ulceration having completely healed.

* * *

It is astounding what conflicting reports appear as to the employment of PENTAL as an anæsthetic, and although from time to time unpleasant and even fatal conse-

quences are attributed to its use, as is the case with all anæsthetics, yet the fact that pental always finds a host of partisans, especially among dental surgeons, who maintain that they can employ it with comparative safety and without the disagreeable after-symptoms that accompany most anæsthetics, leads one to suppose that want of success is as much due to inexperienced manipulation or accidental circumstances as to any inherent defects in the compound. In a paper by a lady-doctor, Fraulein Kleindienst, a new development presents itself. Although the author concurs with Professor Hollander and others as to the action of pental on frogs and rabbits, and as to the happy results obtained in minor operations, having even administered it with success in anæsthesias lasting forty-eight minutes, without any untoward symptoms, yet she condemns its use because she believes to have observed an injurious action on the kidneys, having detected in a few cases albumen and blood in the urine after pental narcosis. This evidence being so entirely new requires support before it can be accepted, especially as in two cases in which details are given, it appears that zinc chloride injections were made during the operation, and zinc chloride is known to injuriously affect the kidneys.

The direct consequence of this communication has been that Dr. Bauchwitz has made a special series of experiments, to determine the truth of the appearance of abnormalities in the urine after pental narcosis. The results of this examination of the urine, both of rabbits and human beings, are completely negative, nor was he able to detect any organic changes in the kidneys of rabbits killed by overdoses of pental. In fact, in his experience in operations on the teeth and mouth, pental is at present the best anæsthetic we possess for short operations, in consideration of its reliability and the general condition of the patient after the operation.

* * *

CALOMEL is a drug so well known that any reference to its use almost calls for an apology, but the experience of Dr. C. Chapman of the advantages of repeated small doses of calomel over the usual dosage is worthy of attention. Fractional

doses appear indicated in cases of gastro-intestinal catarrh, whether following upon exposure to cold or from improper feeding, where the stomach is intolerant alike of medicine and of food; a similar plan has also been of great service in adults with protracted vomiting, where the more obvious causes for the sickness have been eliminated, and the only additional symptoms have been an independent pain in the hepatic region and an abnormally red tongue. In two illustrative cases quoted by Dr. Chapman, one a child of four years, the other a woman fifty-four years old, the symptoms were due to catarrh of the upper part of the alimentary tract associated with some hepatic congestion. To the child the following powders were prescribed: Calomel, one grain; sugar of milk, eight grains;—to be divided into ten powders, one to be placed on the tongue every fifteen minutes. To the adult the calomel was given in doses of one-sixth of a grain every twenty minutes, until two grains had been taken. The earlier beneficial effects of the calomel are probably to be attributed to the germicidal and antiseptic properties of the mercury, as the stomach speedily became more tolerant of food, and the breath lost the odor suggestive of fermentation, before the liver could have been acted upon by the drug, though improvement was more marked after the bowels had been acted upon. Gardiner has also exhibited calomel in a similar manner with gratifying results.

Most interesting is, however, the applicability of this mode of treatment in the later stages of heart disease, where long-standing valvular disease has by backward pressure caused the well-recognized visceral complications, amongst which may be noted congestion and catarrh of the alimentary tract, consequent upon the chronically gorged state of the liver. It is obvious that digestion and assimilation being thus interfered with, not only does the general nutrition suffer, but the already enfeebled and dilated heart yields more and more. Dr. Chapman cites a case of heart failure in which, after all other medicines had failed, doses of one-sixth grain calomel every half hour, and nutrient enemata, restored the patient, apparently

at the point of dissolution. Here relief of the portal congestion is probably the most important effect of the calomel; the right side of the heart, feeling first the lessening of the pressure, is able to do its work better; the hepatic cells resume to some extent their function; and the kidneys, sharing in the general relief of the tension, cause a decrease of the jaundice and lessening of the oedema. The appetite returns in due course.

* * *

In hospital use CHLORALAMID continues to elicit favorable expressions of opinion in regard to its hypnotic qualities, especially in different forms of mental disturbances. Früs given it in the form of an alcoholic mixture: Chloralamid ten parts, alcoholic twenty parts, syr. aurantii thirty parts, and water one hundred parts: the dose for adults being as a rule one to two teaspoonfuls *pro die*. He has given it in forty-seven cases with satisfactory results, the action being prompt except in advanced cases of delirium tremens, in which it was without effect, as well as unreliable in the insomnia of males due to chronic alcoholism. Its administration is not attended with any injurious bye-effects upon the digestive organs, even after employment for months, and the heart's action is in no wise affected. The pulse and respiration, in the author's experience, remain quiet and regular under the hypnotic influence of the drug.

* * *

A novel employment for the new antiseptic, FORMALIN, has been found by Dr. Hauser, of Erlangen, which indirectly demonstrates the extremely powerful and penetrating action of formic aldehyde, and, paradoxical as it may seem, relates to the preservation of bacteria. It is evident that, in the teaching of bacteriology, demonstrations of pure cultures of bacteria in gelatine and as plate cultivations, are invaluable and almost indispensable aids. Many authors have tried in this way to prepare and preserve cultures on different media with only partial success. The vapor of formalin, which contains about forty per cent. formic aldehyde, has a most extraordinary disinfecting power, so that not only the surface is attacked but the development is checked, and the microorganisms

killed in the deepest layers. Not only so, but in gelatine cultures, by the continuous action of the formalin vapors, the gelatine liquefied by the bacteria is again solidified without losing its characteristic appearance, so that in this manner Dr. Hauser has been able to preserve plates of cholera, anthrax, typhus, proteus, staphylococcus, sarceria and other bacteria, retaining both their microscopical and macroscopical characters unaltered. The method is very simple, the vessels containing the cultures being simply covered with a piece of filter paper moistened with ten to fifteen drops of formalin, and placed in a moist closed chamber, in which is also placed a porcelain dish containing cotton-wool saturated with the disinfectant. It is important that only fresh formalin should be employed for this purpose, and that it has not been exposed in badly closed bottles.

—Notes on New Remedies.

CAUSATION OF THE DISEASES OF WOMEN.

If proper attention were given to growing girls, especially about the time of puberty, and a more normal development of the sexual organs secured, if gonorrhœa were more vigorously treated, and if the subjects of that disease were kept under observation until all abnormal discharges were arrested, and proper instructions concerning the abstinence from sexual intercourse were given; if antiseptic midwifery were faithfully and efficiently practised; if lacerations of the cervix and perineum were early repaired; and if full instructions concerning the ill effects of constipation, improper dress, and erroneous habits of living were given, the prevalence of the diseases peculiar to women would be very greatly restricted. I believe that this is to be the next great advance in diseases of women. Gynæcologists must bring home to the general practitioner the fact that the diseases of women are largely preventable, and make him feel his responsibilities, both as to their production after present methods of practice and as to the possibilities of their prevention after improved methods. When the family physician realizes that it lies within his power very largely to prevent disease among the women of the families committed to his

care, his sense of moral obligation will spur him on to do his full duty in this matter. When that day comes the universal prevalence of disease among women will cease to be a reproach to preventive medicine.

—C. P. Noble, *Int. Med. Mag.*

MOVABLE KIDNEY.

1. Intermittent hydronephrosis is a frequent sequel of movable kidney.

2. Mental disquietude may be the only symptom of a movable kidney or hydronephrosis.

3. On the other hand, there may be functional disturbance of every neighboring organ.

4. Disturbance of the functions of the kidneys may be less marked than that of the other organs.

5. Hydronephrosis is a progressively destructive condition.

6. Nephrorrhaphy is indicated as a preventive measure even when not called for by the severity of the symptoms *per se*.

7. Hydronephrosis once developed is most effectually and safely treated by lumbar nephrotomy and drainage.

8. Nephrectomy for hydronephrosis is not warranted unless the kidney substance is completely destroyed or the ureter is impervious.

—D. W. Graham, *Int. Med. Mag.*

ABORTION CAUSED BY INFLUENZA.

Fruitnight, in the *N. Y. Journal of Gynecology and Obstetrics*, details five cases in which he believes abortion was induced by influenza. He says that similar experiences were reported to him by others.

BLADDER WASHING.

An inflamed viscus may tolerate the contact of an instrument, but it will not remain insensible to distension. Distension means an exaggeration of function, and, what is always a consequence, an increased vascularization and an intensification of the congestion. What sensible practitioner would persistently prod an acutely-inflamed or irritable stomach,

with a mass of material in solution, immediately resenting the insult by rejecting the liquid as rapidly as introduced. Would he not suspect the constant vomiting and retching as one of Nature's conservative acts, which sound judgment would admonish him to imitate?

Yet I have recently had quite a number of cases pass into my hands which have been subjected to this routine treatment. Indeed, one horribly-abused patient informed me that his attendant insisted upon pumping in all he could, so that an effectual distension might completely efface all the folds, and thus more thoroughly cleanse the surface. Imagine his suffering. The more he washed the worse he grew. You may almost with impunity subject the acutely-inflamed viscus to contact in carefully exploring to elicit the cause of the disability, but distension means adding insult to injury, and it never fails to resent the presence of the advancing column of liquid by increasing tenesmus and pain, increased congestion, blood and protracted inflammation. Intolerant often of even a half ounce of urine, upon what rationale would one insist upon adding two, three and even eight ounces of the same antiseptic wash?

Then let the medical attendant abstain from this form of active local interference. Put your patient at rest, limit his diet, unload his bowels, administer anodynes and do not resort to lavage, though an infinitesimal percentage solution be an annihilator of the microbic assassin.

Though lavage, because it implies distension is to be absolutely rejected as worse than useless, there remains a method of local therapy in acute cystitis which is not only to be permitted, but is positively indicated as one of the best means of abridging the course and severity of an attack. This is by virtue of the principle announced as an equivalent of contact and not distension. By the instillation of a limited number of drops, say from ten to forty, of a fairly-concentrated solution, preferably silver nitrate, when carefully practised, distributing the solution over the previously-emptied bladder and posterior urethra (for this latter is always involved in a cystitis, it being virtually a prolonged vesical neck), the effect is almost magical, all the symp-

toms declining often after the first instillation and completely subsiding after five or six.

Whilst quite a number of admirable instruments have been devised to accurately practise the method, none are better adapted for the purpose than the instillateur of Prof. Guyon. By means of this ingeniously contrived apparatus the fluid can be precisely located, even the inexperienced recognizing the end of the anterior and beginning of the posterior urethra, the shoulder upon the bulb of the instillateur being caught upon and arrested at the posterior membranous portion, upon its tentative though slight withdrawal prior to injecting the fluid. The screw upon the piston controls the amount of the fluid to a drop.

—J. Block. *Kansas Med. Jour.*

CHOREA.

I have already stated that some predisposing cause is required before the exciting cause can induce chorea, and this predisposing cause is the rheumatic diathesis. I believe chorea is the nervous expression of rheumatism. In a small proportion of cases the attack of chorea follows closely on acute rheumatism, in a larger percentage there will be a history of rheumatic pains, but in more than half the cases no history of anything that could fairly be called rheumatism, so far as the patient is concerned, can be obtained; but in about one-half of these a history of the recurrence of rheumatism or chorea will be found either in the brothers and sisters, parents, or uncles and aunts. In the remainder we have only to wait a few years and we shall, as I believe, and have frequently verified, find abundant evidence, either in the shape of actual rheumatism, an insidious endocarditis, or nodules, of the existence of the rheumatic diathesis.

Pathology.—No constant lesions in the nervous centres have been found, and such changes as have hitherto been described may fairly be considered to be the results of the disease and not its cause. Bearing in mind the clinical features of the disease, and especially the fact that recovery is invariably complete, we may regard the symptoms as due to the presence of a wide-spread functional

disturbance of the motor and psychical areas of the brain. In cases where heart symptoms have been present during life we shall find endo- or pericarditis on post-mortem examination.

Treatment.—Absolute rest, both of body and mind, is essential, and therefore, even in the very mildest cases, the child must be kept at home lying down on a sofa, and all lesson-books must be forbidden. In all other cases the child must be kept in bed; in a severe attack the child should be in a bed with sides, lest he should fall out, and the sides must be well padded. In very severe cases the child should be slung as in a hammock. It is only in the slightest cases that the child is able to feed himself, and in all others he must be fed with a spoon, and, as he will be unable to masticate his food properly, it must be given in such a form as to render this unnecessary; minced meat, strong beef tea, milk puddings, milk, and cocoa should form the chief articles of his diet. Sleep is also of great importance, and if necessary chloral or morphine should be administered, or sometimes bromides will be useful. The drug treatment of chorea is of far less importance than the general management; arsenic is the remedy most in vogue, and children generally bear it well, its long-continued use, however, is liable to give rise to a certain amount of pigmentation about the neck and trunk which, in female children at any rate, will be thought objectionable by the parents, though it will probably disappear in time. When the children are anæmic I often give iron. Rheumatic manifestations or heart complications would be treated on general principles. In chronic cases douches to the spine, shampooing, massage, and gymnastics, may be recommended.

—J. Abercrombie, *Int. Med. Mag.*

ENLARGED PROSTATE.

It must be understood that entourage of the parts has been properly prepared for the incision, which is to be made just above the center of the crest of the pubes, and continued directly upward for two and a half inches. This dissection is carried neatly and cleanly down to the

bladder wall, which is to be exposed longitudinally for at least three-fourths of an inch. If the vesical fold of the peritoneum has been encountered it must receive aseptic protection. The wound is now packed with iodoform gauze, over this is placed a fold of absorbing cotton, and upon this is laid a piece of rubber tissue about the size of a hand, then the whole is confined by the adjustment of a neatly padded "T" bandage. The bladder is to be kept drained, and as quiescent as possible, until after the lapse of about forty-eight hours, when the dressings are to be removed, together with the gauze tamponade. The walls of the incision wound will then be found to have been closed with granulation tissue and the connective tissue spaces closed in.

Two tenacula are now engaged in the muscular wall of the exposed bladder at margin of the wound upon either side; the handle of the one on the left side of the patient is passed to an assistant, who is to be instructed to maintain throughout steady traction upward and outward. The handle of the other tenaculum is retained in the left hand of the operator; a good sized trocar is now thrust through the wall of the bladder midway between the fixed points of the tenacula. We now have a triangular opening into the bladder, with its triangular flaps preserved intact, and directed inwards. The trocar may now be withdrawn, and the little or index finger gently insinuated through this opening, and the interior of the bladder explored. This exploration is made for the purpose of ascertaining the nature and extent of the obstruction. When this discovery is satisfactorily established in the mind of the surgeon, the finger is withdrawn and the instrument is introduced, while the tenacula are still held securely in position. The granulation tissue will in a little while unite the walls of the wound firmly and securely to the convolutions and the involutions of the thread cut upon this drainage tube. You will now observe the acorn-shaped end of the tube, which prevents its escape from the bladder, while on the outer end there is a hard rubber cap which is adjusted upon the screw device, and which prevents the tube from dropping wholly

into the bladder, and which also protects the outer end from the friction of the clothing of the patient when walking about.

I consider suprapubic drainage the best treatment that can be given these patients; first, because it entails no hardships on them; and second, because it affords them immediate relief from pain and loss of sleep, the effects of which are rapidly destroying them. Hence, the results of my deliberate convictions relative to the subject matter of the foregoing remarks, I desire to epitomize and emphasize in the following conclusion:

The novel points in the procedure advocated by me consist of first making the longitudinal wound just above the pubes and only deep enough to reach the bladder wall as above described; this constitutes the first step. The second step consists in making a triangular opening in the bladder by means of a trocar as explained above. The advantages of the opening made by a trocar, for the purpose of permanent drainage of the bladder without leakage, must be perfectly apparent to all, as the permanent drainage tube has a thread cut into its surface, to which the walls of the fistulous tract will become firmly and securely united, thus perfectly preventing leakage, while at the same time the bladder will have complete rest by being constantly and uninterruptedly drained. These results could not be attained by means of a longitudinal incision in the bladder, as the walls of the fistulous tract could not become united closely enough, with this or any other drainage tube, to prevent leakage.—Broome, *Med. Review*.

RAILWAY SPINE.

Briefly summarized, the symptom complex of the case includes the following symptoms: Left-sided hemi-anæsthesia, well-marked, for touch, pain, heat and cold; motor paresis of the same side; occasional left-sided clonic convulsions or epileptiform; contraction of visual fields, especially on the temporal side of the left eye; left-sided partial deafness; a number of foci of tenderness along the spine, suggesting irritation of the emer-

ging nerves, together with other symptoms.

It cannot be denied that such a group of phenomena is likely to be of hysterical origin, that from their subjective nature they are symptoms easily misjudged by the physicians, and that they are even liable to be simulated with success by a designing person. Nor would it be in the least flattering to a physician to believe that he could overlook the strong element of hysteria present in the case narrated. Yet on the other hand, there are some things to be said upon the question of the existence, beyond and before all this, of a material fault, cellular or humeral, upon which, to some extent at least, these symptoms of traumatic hysteria depend. Non-belief in the existence of such a fault is to be deplored, as unlikely to ever permit a proper spirit of investigation as to the reality and demonstrability of the causal condition. The idea of a purely functional basis is most unwelcome to a morbid anatomist, whose realization is, that if no normal functions have as yet failed of anatomical solution, there is neither right nor reason in denying such marked alterations of the nervous functions an anatomical basis. Aside from the undeniable presence of a physical element, the denial of an organic foundation for these symptoms rests almost entirely upon grounds of negation. upon the failure thus far of demonstration of any distinct lesion. Further, the apparent influence of pecuniary considerations in many cases, both upon the severity of the symptoms and their relief, has been often held as evidence of the improbability of the affection, a view which is favored by the subjective nature of the symptoms usually presented; such a view is, however, without much weight, inasmuch as the relief from worry occasioned by the adjustment of monetary claims must necessarily be a powerful factor in therapeutics. It must be remembered, however, that while much has been written upon the subject by clinical observers of no mean note and ability, in the rarely fatal nature of the affection little opportunity has been afforded to verify theories by direct and careful observation of possibly affected areas, and that until a further and goodly number of observations by competent pathologists

has been recorded, one has no right to predicate the non-existence of material changes.

--Allen J. Smith, *Texas Med. Jour.*

THE PRACTICE OF MEDICINE MADE EASY.

Mirabile dictu! That an ex-medical officer of the highest rank of Uncle Sam's army, now on the "tired list," has accomplished so much! A far grander achievement than striking from the supply table of that army during its highest degree of potency, two drugs that for years previously, and even to this good day, have had a recognized usefulness as therapeutic agents. No more need of the vast array of drugs, medicines and pharmaceutical supplies, that fill the many shelves of our multitudinous drug stores, to say nothing of mercury or antimony! The simplicity of "similibus curantur," or even the faith cure, the laying on of hands, *et id omne genus*, are relegated to the shades of the past by *The Animal Extracts*, perfectly sterilized, prepared according to this wonderful savant in his laboratory at Washington, and under his immediate supervision, that can now be obtained through the druggists at two dollars a bottle.

If you have lost your eye-sight—no matter whether from glaucoma or cataract—forty nickels' worth of *Oculine* will enable you to see clearly whether your opponent, though he be "a Celestial childlike and bland," is sitting behind four full-fledged aces or a bob-tailed flush. If you are deaf as an adder, whether due to centric or peripheral organic lesion, closed eustachian tubes, dislocated ossicula, or perforated tympani, two hundred cents' worth of *Auricularine Asinorum* will make you fit as a fiddle to hear a flea whisper. If you have lost a leg, no need to apply to Marks, or resort to the less graceful but more euphonious *crus ligneum*, while *Cruraline* or *Tibialine* can be procured for only two dollars a bottle. If your arm is gone, *Brachialine* will grow you another. If the trouble is with your generative organs, *Ovarine* if a male, and *Testine* will do the work for the feminine gender. And if you have lost your head the remedy is cheap as

dirt. Verily, the philosopher's stone is "no-whar."—*Southern Practitioner.*

DON'TS OF RECTAL SURGERY.

1. Don't tell your patient who has fistula that he can put off an operation *ad libitum*; it may at any time assume an active state and do much harm by burrowing.

2. Don't make light of your patient when he or she complains of pain after an operation for fistula, but examine painstakingly; you may find an abscess forming, or already formed, and thereby save both the patient and yourself much trouble.

3. Don't be swift to say you can cure or heal all fistulæ, for the reason that you may (*and will*) meet with tubercular fistulæ which may and do fail to heal.

4. Don't operate on a patient with a well-marked tubercular fistula, who has lost a good deal of flesh, and who is now losing flesh. Defer the operation until your patient improves in strength and flesh. Give your patient vigorous constructive treatment and operate when he begins flesh-making.

5. Don't say to your patient, because he has a number of fistulous openings, that he has simple fistula. An examination may prove the existence of a stricture, the fistulous tracts being the result and not the disease *per se*.

6. Don't fail to tell your patient, who has a very bad fistula, that if he gets well of fistula, he may have a weak sphincter, or possibly incontinence.

7. Don't fail to seek out all sinuses when operating for fistula.

8. Don't fail to trim the edges of the sinus after an operation.

9. Don't tell your patient that the operation is absolutely free from all risk, and that it amounts to but little, for the reason that he may not follow out your directions, thereby making the operation which you said "amounted to but little" *a failure*.

10. Don't say to a patient, who belongs to a phthisical family or who even has incipient phthisis, that he or she should not have an operation, but on the other hand urge an operation, for the reason that the patient will get rid of a danger-

ous local point of infection and also get well of a most troublesome and painful disease.

11. Don't delay the opening of a rectal abscess until the pus can be easily reached; but if you suspect pus, reach it with the knife, though it be ever so deeply situated.

12. Don't stuff an abscess cavity too full of cotton, but put loosely carbolyzed cotton at the bottom and depend on watching it to make it heal from bottom.

13. Don't make a positive diagnosis of internal hemorrhoids as the result of digital examination alone.

14. Don't be too ready to diagnose internal hemorrhoids because your patient has hemorrhage from the bowel after actions or on going to stool; not infrequently the hemorrhage comes from a bleeding surface, there being no piles at all.

15. Don't defer an operation for hemorrhoids because the attack is acute, for the reason that it will take as much time to subdue the acuteness as it would to get your patient well of the operation.

16. Don't leave any external tags after an operation for internal hemorrhoids. They often, from one cause or another, become irritated, giving great annoyance.

17. Don't do Verneuil's operation, viz: divulsion for the radical cure of prolapsing hemorrhoids. You will be disappointed, as well as your patient.

18. Don't neglect to see your patient at bed hour and make him comfortable for the night. Also see to it that there is no hemorrhage; sometimes a ligature cuts through, opening up a blood-vessel, from which your patient might bleed to death.

19. Don't say to a patient who complains of his rectum without any local lesion, that he has nothing the matter with him. Examine his prostate, urethra and bladder. He may have one of those persistent reflexes which we occasionally meet.

20. Don't tell your patient that he has cancer of the rectum unless circumstances absolutely demand it, for the reason that it is like putting a rope around his neck.

21. Don't temporize with cases that require an operation. Such a course will not benefit the patient nor the surgeon.

22. Don't fail to do all operations on the rectum antiseptically.

—Strauss, in *Medical Brief*.

SYMPTOMS OF PSEUDOCYESIS.

In cases of pseudopregnancy we frequently find all the general symptoms of pregnancy counterfeited with an exactitude that might well seem marvellous, if we did not take into consideration the circumstances under which this condition is most commonly brought before us. In many instances the patients so affected are women who in earlier life have borne children, and who subsequently, after a long interval of barrenness, or having become remarried when near the menopause, desire to be and persuade themselves that they are again pregnant. In a still larger number of this kind our would-be clients are sterile married women craving for offspring, who, having familiarized their minds with everything relating to this subject, have become monomaniacal thereon, and oftentimes succeed in deceiving others as well as themselves. In this way, and more particularly when dealing with women approaching the menopause, we may have presented not only the protean hyperæsthetic, nervous, and sympathetic disturbances supposed to indicate pregnancy, but also many of the common symptoms, such as morning sickness, following suppression of menstruation, enlargement of the mammæ and areolar papillæ, or even the secretion of a lactescent fluid, which I have seen triumphantly expressed in proof of her supposed approaching maternity by a patient whose uterus was void of any foetal tenant. If at the same time the abdomen—whether merely from an excessive amount of fat in its walls or in the omentum, or from intestinal distention from fecal accumulations or from flatus (the rumblings of which are often relied on by the patient as evidences of the movements of the imaginary fœtus), becomes gradually increased in bulk, though in such cases this increase is nearly always more rapid than occurs at the corresponding period of normal gestation, then Heaven help the practitioner who ventures to suggest a doubt as to

the nature of the case!—T. More Madden, *Med. Times and Hosp. Gaz.*

HAMAMELIS.

Internally, in hemorrhage of the lungs and stomach, I obtained good results by giving doses of one-half drachm of the fluid extract, diluted with water, and found it more effective than gallic or tannic acid on account of its anodyne properties; also in certain cases, where blood was discovered in the urine, caused either by an injury of the bladder or urethra. I also find it a valuable astringent and anodyne in the treatment of diarrhœa, dysentery and excessive mucous discharges.

I wish to state here that witch-hazel has been highly recommended by Drs. James Fountain and N. S. Davis in hemorrhage of the lungs and stomach. Dr. Fountain also commends it as one of the best applications in external piles, and believes the witch-hazel to possess soothing anodyne properties.

Externally, in the treatment of irritable and bleeding piles, I found it of great value, so much so that it has become a favorite of mine in the above mentioned malady. In some cases it suffices alone to effect a cure, and is always a valuable adjuvant to other remedies. I would suggest that it should be used freely and frequently, in the form of an ointment or decoction, combined with its internal use, and some soothing ointment is applied afterwards.

Of especial benefit on the whole I have found the extract in ulcers, especially those affecting erectile tissues or vascular structures, and on places involved by venous engorgement. It is therefore particularly indicated in the treatment of varicose ulcers, chancroid, simple balanitis, and for other inflammatory affections of the generative organs.

I have also obtained good results with the distilled extract of witch-hazel, as a dressing for indolent, foul and phagedenic ulcers. It acts at once as an antiseptic and mild stimulant, restoring the tissues to a healthy condition, promoting granulating, and thus enabling nature to effect a speedy cure.

In dispersion threatening local inflam-

mations, as sprains, bruises, ecchymoses, etc., it is much superior to arnica, especially in the form of the distilled extract.

My object in writing a paper on extract of witch-hazel has been to lay particular stress on the favorable effect produced by its local application in four cases of erysipelas which were entrusted to my care.

One patient was a lady about forty years of age, robust and fleshy; she exhibited idiopathic erysipelas in a vivid discoloration of skin on half of her face. I ordered for local use the extract of witch-hazel on a soft towel; by its cooling anodyne virtue my patient's face was freed from inflammation in three days.—Fella, *Toledo M. & S. Rep.*

PETROLEUM.

Petroleum as a local application is being employed with success by Dr. Desprès in his hospital practice. In vaginal injections as a disinfectant in cases of uterine cancer, or the different forms of vaginitis, kerosene has given satisfaction. The learned professor also employs it cases of cold abscess and chancreoid tumors, in the form of compresses. Certain medical men strongly recommend the topical application of petroleum for diphtheria.—*Med. Press.*

SALOL IN SURGERY.

M. Regnier said that salol becomes liquefied when heated to 42° Centigrade (108° F.), and can thus be employed in injections, as it remains in the liquid state for about twenty minutes. It can be also combined with camphor, iodoform, or aristol. Fistulæ and the cavities of certain cold abscesses are treated very successfully by this agent. Where the abscess has not opened of itself, injection of salol and iodoform, after aspiration of the purulent matter, brings about a rapid cure.—*Med. Press.*

AN INTERESTING EXPERIMENT.

M. d'Arsonval, the collèague of the eminent physiologist Brown-Séquard, has just tried before several scientific

gentlemen a very strange experiment. At his invitation two members of the Académie des Sciences, MM. Cornu and Marey, entered into a large wooden cylinder around which was rolled copper wire. When these gentlemen were seated inside, M. d'Arsonval sent through the wire a series of very rapid and powerful electric currents. At the end of some minutes the "patients" said they felt no inconvenience save that they felt the necessity of breathing more deeply, yet according to scientific law they should have found themselves plunged in an electric bath which would have instantly killed them if the operator had not taken the precaution to change continually the direction of the currents. To prove that the laws of science, as known, were not in fault, M. d'Arsonval invited the two gentlemen to take in their hands incandescent lamps, isolated completely from any wire. Hardly were they in the hands of the "subjects" when they lighted up as if they had been really attached to some powerful battery. To prove still further the intensity of electric currents capable of being borne by a man, without danger, he gave them as many lamps as their hands could hold, and thus the two *savants* were transformed into six-branched candelabras! The experiment of the disciple of M. Brown-Séquard proves conclusively that man can live at ease in an atmosphere loaded with electricity. The importance of the fact cannot escape notice, as it puts scientists on the trail of that magnetic influence which some persons appear to possess and put to unfair advantages. Dr. Luys, one of the most ardent believers in hypnotism, has explained in a manner satisfactory to himself at least the resemblance between the two fluids; by means of a magnet he transmits the sensations and malaises of one patient to another. The study of the phenomena is interesting from the fact that what is already known so mysterious and so confusing may become later on comprehensive realities.—*Med. Press and Cir.*

WHEN TO OPERATE.

An old and familiar surgical canon formulated by our predecessors as the

result of experience, enjoined on the surgeon the duty of operating, "when ever in doubt," in all cases of hernia. We greatly need the guidance of some equally definite rule in cases of internal obstruction. Upon the question of operation surgeons are, if not divided into two parties, at least biassed in contrary directions. Some would operate in all cases of complete obstruction as soon as they have the opportunity; others would try other measures, see what Nature will do, and operate as a last resource. And strong arguments are to be found on either side. The surgeon who would always operate, and had always an early opportunity of doing so, would unquestionably achieve the best results of cases that could spontaneously recover. But unfortunately no one is brought in contact with even the majority of his cases in an early stage. And hence arises the force of the contrary arguments. The circumstances which militate against the success of operation for internal obstruction in the fully established or later stages of the complaint are twofold. In the first place, in nearly all cases, secondary changes speedily ensue, which hinder the search for the obstructing cause, and which may nullify attempts at its removal. And in the second place the patient often passes, it may be at an early period, into a condition mainly due to poisoned blood, in which he trembles on the brink of collapse, and in which operation is badly borne. Add to these the fact that a not inconsiderable number of cases, even when there is stercoraceous vomiting, do recover, whose chance of recovery would disappear under the shock of an operation; and we have what I think a fair statement of the reasoning against operating on all cases. Where are we to look for guidance? Mainly, the question must be settled by experience; it is a case to which the maxim "Solvitur ambulando" applies; and I think experience will aid by bringing to us the ability better to discriminate between the different causes producing obstruction, and to appreciate the surgery recently published where a list of eleven different causes of intestinal obstruction is tabulated. When we have learned more accurately to distinguish between these

at the bedside, we shall be much nearer to the acknowledgment of a surgical canon or rule to guide our interference.

—Hume, *Brit. Med. Jour.*

News.

W. J. JAMISON, a negro quack. doctor, was hung at Quincy, Ill., Aug. 18. He had agreed to cure a woman of cancer for \$500. He demanded his money, and when the woman's husband said, "no cure, no pay," the negro shot him dead.

DR. WILSON, a Gleason, Tenn. druggist, shot J. K. P. Alexander and then killed himself.

WEEKLY REPORT OF INTERMENTS

PHILADELPHIA, AUGUST 21, 1893.
Deaths and interments in the City of Philadelphia, from the 12th to the 19th of August, 1893.

CAUSES OF DEATH	Adults	Minors	CAUSES OF DEATH	Adults	Minors
Apoplexy	12		Erysipelas	1	
Asphyxia		3	Fever, Malarial	1	
Anæmia	1		" Puerperal	1	
Aneurism of Aorta	3		" Scarlet		2
Bright's Disease	12		" Typhoid	6	1
Cancer	13		Hemorrhage	2	
Casualties	7	4	Hernia	1	
Cerebro-Spinal Meningitis		1	Homicide	1	
Congestion of the Brain		5	Infantile		16
Congestion of the Lungs	1		Inflam'n Ear	1	
Congestion of the Liver	1		" Brain	1	11
Congestion of the Kidneys	1		" Bronchi	1	3
Cholera Infantum	61		" Kidneys	8	1
Morbus	3		" Liver	1	
Cirrhosis of the Liver	2		" Lungs	7	9
Consumption of the Lungs	49	4	" Perito'm	2	
Consumption of the Throat	1		" Sto. & Bls.	4	13
Child-birth	1		" Uterus	1	
Convulsions	12		" Heart	1	
Cellulitis of Leg	1		Jaundice		1
Croup, Membranous	1		Lymphadenoma	1	
Cyanosis	6		Malformation		1
Debility	3		Marasmus		32
Diabetes	2		Measles		2
Diarrhoea	1	5	N'ur'lgia of the Heart	2	
Diphtheria	1	5	Obstruction of the Bowels	1	
Disease of the Brain	1		Old Age	16	
" Spine			Paralysis	4	
" Heart	29	5	Pyæmia	1	
Drowned	3		Shock	1	
Dropsy	1		Septicæmia	1	1
Dysentery	9	5	Sore Mouth	1	2
Epilepsy	1		Tabes Mesenterica		1
Fatty Degeneration of Heart	1		Teething		4
			Tumor	4	
			Ulceration of the Bowels	1	
			Ulceration of the Stomach	2	
			Uræmia	2	
			Whooping Cough		6
			Total	231	234

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Original Article.

VARICES OF THE VULVA AND HEMORRHAGES CONSECUTIVE TO THEIR RUPTURE.

By THOMAS H. MANLEY, M. D.

NOT long since in an editorial we briefly reviewed puerperal hemorrhage. Since then a superb article has been presented on the subject (*L'Union Medicale du Canada, Mai '93*), by Dr. Adrien Ouimet of Montreal. We are, besides, urged further to return to the subject, because while our country continues to prosper and grow in population, we must encourage the multiplication of offspring, and properly train ourselves to guard the mother against many of the dangers which beset her during the puerperium.

We will commence and end our observations at present in that type of hemorrhage which is located at the vaginal outlet.

Dr. Ouimet says that varices may occupy the labium majus, clitoris, prepuce and the nymphæ, either separately or simultaneously; but that as a rule, they are disseminated through the labium of one side at one time.

M. Budin found that they usually occupy by predilection, the fold which separates the larger from the lesser lip of the vulva, and rarely extend to the fourchette. Sometimes the veins of the clitoris alone are engaged. They are superficial, thin-walled and often rupture. The special symptoms of varices of the clitoris are intense and insupportable itching.

Varices of the vulva habitually coincide with those of the lower limb. They most commonly make their appearance with the first pregnancy, though they may be found in the virgin. These dilated veins vary in their appearance and volume, from regular small involuted masses, to very large, knotty formations. In general they cause little inconvenience; but in not a few they produce a most uncomfortable feeling, and a dragging sensation, when one is much in the standing posture; besides they may lead to very grave accidents. The diagnosis of varices and venous thrombi is very easy. Varices as a rule, form slowly; while thrombi may develop brusquely. Vulvar varices of themselves cannot be said to constitute a serious infirmity, but their complications are what give them a serious aspect.

The rapid growth of varices commences simultaneously with the incipency of pregnancy. The general augmentation of the circulation, foetal compression of the pelvic vessels, interruption of the circulation, all hasten the afflux which end in "broken-veins" of the vulva.

Grave complications of vulvar varices arise:

1st. During pregnancy.

2nd. During labor.

3rd. After labor.

RUPTURE OF VARICES DURING PREGNANCY.

It is generally during the latter months of pregnancy that rupture occurs. Up to this time their walls offer sufficient resistance to prevent a break. But now they are greatly distended; their walls are tense, brittle and thin. The site at which they give way is at the superior end of the interlabial sulcus. On rupture the leakage may be gradual or come in torrents.

A sudden blow, a shock, sudden contact with an object may now burst them. Intemperate, violent intercourse assimilating to a traumatism may burst them.

Simpson has reported a case which ended mortally, from rupture, during intercourse.

Budin reports several cases of serious hemorrhage from these varices after coitus. Straining at stool, of that forcible description necessary in pregnancy, in the last stages, is a fruitful cause of their rupture. The violent scratching, to relieve the incessant itching which they cause, also provokes bleeding from them.

We may confound a vulvar hemorrhage during pregnancy with an endometrium, that from polypi, tumors of the uterus or ovaries. The hemorrhage of an abortion is readily recognized, when a proper examination is made. In all sudden hemorrhages from the vagina, without apparent cause, an inspection of the vulva should be immediately made, for varicose hemorrhage from the labium is often promptly fatal.

The prognosis for the mother in this hemorrhage is extremely grave. M. Budin had knowledge of nine cases, with seven deaths.

In eighteen cases cited by Villier, eleven were mortal. The gravity of these cases is augmented by the sudden onset and abundance of hemorrhage; so that, in many, before professional aid is called mortal syncope has set in. In the country, for instance, at a distance from skilled accoucheurs, before it can be had all is lost. Aid comes too late. One hour from its onset and the patient is dead.

RUPTURE OF VARICES DURING LABOR.

Rupture is common as the head descends and engages in the lower arc of Carus; or just as it passes the vaginal outlet.

The diagnosis of this accident should be simple; though strange to say, it is often mistaken for a placenta previa. The infant is suddenly turned and strangled, to accelerate labor, but in vain; when it is too late the real site is discovered.

RUPTURE AFTER ACCOUCHEMENT.

Hemorrhage after labor, though seldom of this type, may however occur. It is rarely voluminous; but it escapes in sufficient quantity to induce a most pernicious type of anemia, and develop a very serious phase of chronic invalidism.

TREATMENT.

To meet this condition with a rational therapy, we must just as fast as possible remove the cause. Certainly when a vessel has burst, prompt pressure must be employed. But, we may obviate rupture by care. If our patient have proctitis, use cocaine solution, or other local application. Keep our patient off her feet as much as possible; avoid straining in micturition and defecation, and direct abstention or moderation in coitus. Tarnier, for very aggravated cases recommends the dorsal decubitus; with firm pressure of the "T" bandage. The patient should be taught, if rupture is feared, to use prompt compression with her own fingers until succor arrives. If the loss of blood has been great when we arrive, then we should treat the case as we would any other of acute exsanguination. Formal indications for treatment are always re-

vealed by a minute and rigorous examination.

By all means then let it be better known, let authors and teachers awake to the fact that there are frequent, dangerous and 'speedy hemorrhages, besides those which originate in the uterus. Let it be known too, that these are often terribly mortal; but that they are in every case easily accessible and always controllable, when we are on the alert for them, recognizing their origin and tendencies.

NEW YORK CITY.

DRINK NEUTRAL WATERS OR DISTILLED WATER—FATTY HEART.

THIS is a great era of *mineral waters* (as if all water was not mineral), or, to be more specific, an era of drinking waters charged with salts, or with gases, or both, in many combinations.

A case of mine, who a year and a half ago was suffering from renal colic, was placed on a regimen to prevent the same; neutral waters were ordered to be drunk freely; beer and all malt liquors stopped, wines also; if he had to drink alcohol, he was told to drink distilled liquors; in his case the drinking of beer or the eating of several vegetables at a meal would bring on attacks of renal pain, later accompanied with the passage of renal gravel and blood.

Of late his trouble has increased, and I found that he had been selling and drinking largely one of the so-called mineral waters, which was claimed to be a specific for uric acid, renal calculi, and contained 240 grains of salts to the gallon of water. The urine, which had previously been *fairly normal* (I use the words advisedly, as the urine of middle aged men is rarely normal), now alternated with albumen and casts day by day; *large amounts of uric acid were passed*. He was brought right down to nothing but neutral water for drinks, taking the hygeia distilled water, with beef and rice or beef and toasted bread. This diet he will be kept on till I am satisfied his kidneys are working freely, with no tendency to fatty degeneration.

By the way, every case of fatty or fibroid degeneration of the kidneys—that

I have ever come across has done better the more beef is fed to them than on any other diet. Such feeding is far superior to milk. This opinion is based on examinations of urine, made in some cases daily for months. Is it not about time physicians recognize that beef, properly cooked, does not cause uremia; but that uremia is due to feeding foods that ferment into gases (carbonic acid, sulphydric acid, etc.), which partly paralyze the kidneys?

Your article on fatty heart interests me. This is a more or less common complaint, and with enlarged heart will be more common as the modern craze for athletics increases.

Fatty heart and enlarged heart are curable; valvular lesion is curable. Once when a student I had to examine a complex case of heart disease; was quizzed the next day by the professor of medicine, and when I found certain things alone, was corrected: the professor stating that there should be a certain murmur present. I stuck stoutly to my position, as I was nettled, and it then transpired that the professor had not examined the case in a number of months, *and the valvular murmur had disappeared under tonics and rest*.

Before I graduated I saw my father examine a case of hemoptysis, and he found the blood to be non-tuberculous; the heart was enlarged and weak, from over-work, bad feeding and previous athletics. Three months of feeding mainly on beef brought the heart to the normal size.

Lately a case of heart murmur came under my care, which had been doctored for malaria on account of headache. This murmur disappeared in four weeks' time.

As to cutting down the use of water in fatty heart, I cannot wholly agree with my distinguished friend, Dr. Waugh. If the urine is of a specific gravity above 1020, loaded with salts, and if the blood morphology is such that the red corpuscles are more or less huddled together in masses, and the fibrin filaments are increased in length and thickness, I believe from my clinical experience, it is better to put more neutral water into the system; because the capillaries are

1-3000th of an inch in diameter and the red corpuscles are 1-3200th of an inch in diameter. It appears to me that one reason the heart is enlarged and irritable is because it has had too much work to do, to pump this abnormal, sticky, ropy blood, through thousands and thousands of miles of capillaries. In consumption with enlarged heart, by dieting to make the blood normal, I have seen the left chest wall decrease in size; because the heart had come down to a normal size, because the blood had been freed from emboli of vinegar yeast, emboli of fibrin and emboli of massed red blood corpuscles.

My offices down town in New York make me see many men who are walking straight and fast to the grave; their sudden deaths from pneumonia, heart-failure, heart-rupture, apoplexy and Bright's disease, ought to be prevented; but so long as men will eat till their bodies are more disgusting to the eye than over-fat hogs, with ears protruding out of rings of fat, double chins, gross bellies, so long will they die long before their time. It has been said that text books are far behind the times in medicine; they certainly will be, so long as they continue to classify many diseases under the head of inflammations, when they are purely degenerations of tissues due to removable causes. In conclusion, in fatty heart, I believe the indications for the amount of liquor to be ingested should be the condition of the blood and of the urine.

In the blood, we should find under the microscope, red blood corpuscles ruby colored, outlines distinct, free, and not huddled or stuck together; no masses of fibrin or crystals present. This is for health.

The urine flowing at a specific gravity of 1020 to 1015; free from bile or deposit of any salts; this is for health, and is possible and probable under careful watching and the patient's obeying orders. Moreover we are 75 per cent. water. But do not give water charged with gases to torment the heart or with salts to clog the blood and emunctories.

JOHN A. CUTTER, M. D.

EQUITABLE BUILDING, NEW YORK, AUGUST 23d, 1893.

ENTERORRHAPHY.

Enough has been said on the history and technique of the intestinal suture to show how much study, time, ingenuity and experimentation have been expended in its perfection, and yet the task has not been completed. The search for new sutures and their substitutes at the present time is sufficient proof, that perfection has not been reached. Deviation from the legitimate path of investigation has done much towards retarding genuine progress. In this light must be viewed all attempts to ignore the principles established by Lembert and the employment of such foreign substances in the intestinal canal as means of approximation that necessarily produce gangrene, and of sufficient size to constitute an intrinsic source or danger. In the treatment of longitudinal and incomplete transverse wounds suturing by Czerny-Lembert sutures yields the best results. If time is an important factor a single row of Lembert stitches will answer the purpose. About six sutures to the inch are required. Halsted's advice to include in the stitches fibers of the firm sub-mucous coat is important and should never be ignored. As a rule the line of suturing should be transversely to the long axis of the bowel in order not to encroach too much upon its lumen. Fine aseptic silks and ordinary sewing needles are to be employed. The inner row of sutures must include all tunics of the bowel with the exception of the peritoneum; the outer, all of the tunics minus the mucous membrane. The inner sutures ulcerate through into the bowel, the outer become encysted. Interrupted sutures are safer than the continuous, but in prolonged operations and when the patient is feeble, the latter can be substituted for the former as a time saving measure. Extravasation during the operation is best prevented by digital or elastic compression on each side of the wound. The latter is made by passing a piece of fine aseptic rubber tubing through an opening in the mesentery made with a piece of hemostatic forceps, and tied around the bowel sufficiently firm to prevent escape of its contents.

If the bowel is completely divided its

continuity can be restored with the greatest degree of safety by circular enterorrhaphy or invagination by the author's method. The latter is not applicable in operations for intestinal obstruction, as in that case the upper end of the bowel is larger than the lower into which the invagination must be made. Before suturing is commenced each end of the bowel should be beveled at the expense of the convex side, as advised by Madelung many years ago, as by doing so there is less danger of the sutures causing a dangerous degree of stenosis and the liability to marginal gangrene on the convex side is also greatly diminished thereby. If the lumina of the bowel ends are unequal in size, the obliquity should be greatest on the side of the small end. Circular suturing is performed in the same manner as suturing of incomplete wounds. The greatest care is required on the mesenteric side, as it is here where perforations occur most frequently. After applying the deep row of sutures the first Lembert stitches are applied on each side of the mesenteric attachment in order to secure serous approximation in this locality. The Lembert stitches must be tied only with sufficient firmness to approximate the serous surfaces without subjecting the included tissues to harmful linear compression. Puncturing of visible vessels should be avoided as much as possible. The mesentery is sutured in such a manner that it will aid in holding together the sutured end. Senn ("Intestinal Surgery," Chicago, 1889) has proposed and practiced omental grafting as a valuable aid in circular suturing. This additional protection against perforation and peritonitis is especially indicated when the tissues at the place of suturing have undergone pathological changes in consequence of intestinal obstruction or inflammation. A strip of omentum about an inch wide and long enough to cover the entire circumference of the bowel is used for this purpose. Prior to planting the graft the serous surface of the bowel half an inch from the line of sutures on each side is scarified, and the under surface of the graft is dealt with in the same way. The graft is fastened by two catgut sutures on the mesenteric side, including

the mesentery and both ends of the graft. The stitches are made parallel to the mesenteric vessels. The grafts become firmly adherent within a few hours, and and in the course of one or two days are vascularized by new vessels growing into them from the scarified surface of the bowel. If any internal aids to circular suturing are used they should be composed of absorbable material and employed in such a way as not to produce marginal gangrene, and with a central opening large enough to allow free fecal circulation. I cannot but regard mechanical supports made of metallic substances as dangerous. The objections made to them do not apply with equal force to the decalcified bone tube of Neuber, the sleeve button of the same material, of Sachs and Littlewood, and the bobbins of decalcified bone of Robson. These appliances merit a trial and will undoubtedly be improved upon in the future.

Lateral anastomosis as a surgical procedure has a great future. I still remain partial to the use of decalcified bone plates as a substitute in part for sutures. Abbe has discarded the use of his catgut ring and now advocates long incisions and suturing. If the plates are made with an oval perforation three inches in length the same object is realized in a much shorter time and with a greater degree of safety. I never had any faith in rings as a means of approximation. The plates bring into accurate contact large serous surfaces and serve at the same time as splints for the injured part. They serve the double purpose of sutures and splints. The other appliances of decalcified bone that have been enumerated may answer the same purpose as the anastomosis plates, but with none of them can the pressure to which the included margins of the visceral wounds are subjected be regulated with the same degree of certainty, and none of them approach so near the function of splints. I have no doubt that future experiments will result in the discovery of other and safer appliances that will be vastly superior to anything I have mentioned, and that if they do not abolish, will at least greatly limit the present field of the intestinal suture.

—N. Senn, *Jour. Am. Med. Assoc.*

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A GENERAL MEDICAL LAW FOR THE UNITED STATES.

NOW that several different states in our Union have secured legislation on the question of securing a uniform standard for all commencing the practice of medicine, the importance of a national medical law is again forced on us.

France, Germany and Great Britain have each certain conditions to which all in those countries must conform before they are permitted to practice the healing art.

In this great so-called free country of ours, one may occupy a prominent position in his profession, or he may occupy a more humble place in the ranks of honest plodders, when for some climatic reason, perchance, he wishes to change his domicile; move a few miles away from his former abode perhaps; when he must go through his A B C's again, and give the latest hobbies and visionary notions extant on the morphological characters,

chemical elements and pathogenic properties of some unpronounceable microscopical atom of the germ series. If he fails in this he must submit to the humiliation of a rejection.

We have from the beginning unpromisingly opposed every species of state medical laws, regardless of whatever guise they have been presented to us.

We have always held and do now, that it was for the medical profession, as with the churches and other crafts, to regulate its own standard, without state interference. But they have been forced on us, because they operated well, in effete poverty stricken Europe. However we want nothing from the East; and our enormous swift progress and happiness are a living protest against the accursed laws that Europeans would force on us.

In the meantime we will keep a weather eye on Pennsylvania and New York, those formerly great medical centres, and watch to see how that policy will operate of throwing a Chinese wall around their borders to keep out practitioners, while at the same time they are eagerly clamoring for students. But to the subject proper: Is a general medical law practicable for this whole country?

After a complete consideration of the subject, we must answer emphatically, No! The wants and demands, the production and wealth, and needs of the various sections of this country are not the same. Each section is a province to itself, as it were; and even at this very hour, a sweltering Congress is attempting the unattainable financial feat of pressing through a measure which is certain, for a time at least, of crippling the industries of the western states; and hence the reason too, that blatant politicians promise the impossible task of providing a tariff which will not directly or indirectly cripple some section of this country.

No, no general medical law is or ever will be practicable for this colossal republic; however, there is room for medical courtesy and reciprocity. The time has arrived when those of rapacious maws and stingy hands have come under the flash light of professional criticism; which will indiscriminately expose the strong as well as the weak. T. H. M.

SPECIFIC MEDICATION.

THE two greatest enemies to progress in therapeutics have been the nihilism of the Vienna school and the doctrine of general principles. Nihilism arose from the engrossing study of pathology, and the limitations of the human intellect. After the profound investigations of pathology, assuming more and more the aspect of a science approximating exactness, the experimental tests of medicinal agents, with questionable, variable, often incomprehensible results, offered little incentive to study.

Nevertheless, every fact has its value, and the recorded experience of countless clinicians must be held as evidence; all the more since men have become scientifically trained as observers, and have learned to apply the rules of logic to their deductions. Experimental physiology and therapeutics have done their part in establishing a foundation; and we may now say that the way is open for the establishment of clinical therapeutics as a true science.

The therapeutic nihilist says: "As I am not sure that any method of treatment will alter favorably the pathological condition, we will do nothing; but let the disease take its course." The physician says: "We may not make definite promises, but will do our best, with the remedies that experience indicates as best suited to your condition." Which does the patient choose? Which is most likely to do good? So long as human

nature remains what it is, the strong, hopeful, sympathetic optimist will carry his patients through to health; while under the cold, critical eye of the pessimist, the chances of recovery will be reduced to a minimum. That a large part of the good done may be due to the moral effect is no reason for refusing to avail oneself of it.

The only possible therapeutic progress is by the way of specific medication. The doctrine of general principles belongs to the age when people wore both shoes alike, and looked upon "rights and lefts" as an effeminate innovation. In these days when pathological processes are minutely studied, and the active principles of drugs separated from the combinations in which they are produced, and their action on the bodily functions has been ascertained, so as to constitute them truly arms of precision, the next step, and the only possible step in advance, is to fit the remedy accurately to the pathological condition present. We can comprehend that, were this once completely accomplished, it would be possible to render medicine as exact a science as the Egyptians considered it; when rules were laid down for every condition of disease. Woe to the priest who dared administer aught but the stated treatment; for if the patient died, so did the priest.

In our own day homœopathy has made an effort to reach this goal; but, based on ignorance of pathology, and infinitesimalism, its mountains of chaff have too little grain to be worth the winnowing.

Eclecticism had, at the outset, no better pathological foundation; but the establishment of their colleges has resulted in the development of some teachers among them, whose abilities and erudition are not to be despised. They have also possessed a rich therapeutic armamentarium, and have been particularly fortun-

ate in the excellence of their preparations; whether in the fresh-herb teas of the earlier practitioners, or the green-herb extracts made by Lloyd, Merrell and Keith. Casting aside as unworthy of serious consideration the proscription of minerals, we find that the eclectics have enriched our pharmacopœia with numerous drugs, and have endeavored to systematize their uses by an attempt at specific medication.

A glance at the works noted in our book department, which may be considered as the epitome of all there is of value in Eclecticism, reveals some suggestions that are sufficiently plausible to warrant their trial. Many of these have been already tried, and are now embodied in the newer systematic treatises on therapeutics. It is not creditable to this school that the specific indications laid down are so few in number. Many of the drugs of which extensive use is made are not yet sufficiently studied to be prescribed intelligently. Nevertheless, to the doctor who boasts that he can practise medicine with five drugs, these books would open up a new world; and perhaps awaken a little self-questioning, as to whether he had been doing his whole duty to his patients. Ringer, Brunton and Bartholow do not limit themselves to five remedies, and the richness of their resources renders their works deservedly popular. The study of our old and new drugs, in their clinical uses, offers a rich field for the physician, and one that will well repay cultivation.

Book Notes.

SPECIFIC DIAGNOSIS: A STUDY OF DISEASE, WITH SPECIAL REFERENCE TO THE ADMINISTRATION OF REMEDIES. By John M. Scudder, M. D. 9th edition, 1893. John M. Scudder & Sons, Cincinnati, Ohio. Medical Publishers, Cloth 12 mo. pp 387. Price \$2.50.

SPECIFIC MEDICATION AND SPECIFIC MEDICINES. By John M. Scudder, M. D. 14th edition. (Same publishers.) Cloth, 12 mo. 432 pp. Price \$2.50.

INTRODUCTION TO THE CATALOGUE OF THE COLLECTION OF CALCULI OF THE BLADDER, UPWARDS OF 1000 IN NUMBER (BESIDES FOREIGN BODIES) REMOVED BY OPERATION. By Sir Henry Thompson. London: J. & A. Churchill, 1893.

This "introduction" embodies the statistics of this vast number of operations, performed during 35 years of practice; with some details as to cases of special interest.

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TIMES AND REGISTER,
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CHOLERA INFANTUM.

I WOULD be very thankful if you would write me your treatment in full (specifying doses), of cholera infantum; as it is very fatal in our community. By complying with the above you will confer quite a favor on

J. M. SPEED, M. D.

SHARLEY, TEX.

[This has been given in full in the TIMES & REGISTER of July 22d, in the article entitled: "Summer and its Emergencies." A copy will be forwarded.—W. F. W.]

IMPOTENCE.

A STUBBORN case has come into my hands lately, which seems peculiar from the fact that I cannot get any response from treatment, although I try to keep posted on the latest literature and drugs. I would feel very grateful if you would kindly give me a few hints which may be of assistance to me.

Case—Man aged 42 years, 5 feet 10 inches high, weight 200 lbs. light complexion and hair, good habits, takes a glass of spirits at bed-time, smokes, married 16 years, has one child, no more from choice, living an active out-door life, family history excellent, no venereal trouble except gonorrhœa twenty years

ago, which was excellently recovered from, masturbated some when young, never had involuntary emissions, all the functions in splendid condition, never was sick, never indulged in sexual excesses. About a year ago he noticed that sexual desire was slightly diminished, also that erections were imperfect, testicles a little decreased in size, penis much diminished in size and greatly retracted. Now he scarcely ever has an erection. His wife has "got onto" the failing and is rather inclined to tease him, which he says is worse to bear than anything else.

He has been treated by a number of other physicians, and I pretty much believe that he has been taking everything regular and quack. I have been giving sexual tonics, etc., but get no response. I've had no experience with Saw Palmetto or Sanmetto; are they any good and what is the dose?

[Saw palmetto is useless in such cases. I have just succeeded brilliantly by tying a large vein, that emptied the penis faster than the arteries could fill it. The cold sound, galvanism and faradisation of the organs, would be more likely to do good than any drugs.—W. F. W.]

MASTITIS: RABBIT SKINS.

YES I think there is, undoubtedly, truth in the popular idea which ascribes to camphor the power of checking the secretion of the mammary glands.

After recalling my experience with mastitis, I have not remaining the slightest doubt but that your method of handling these cases, by applying locally the phytolacca, when the case is of such a nature that it is thought best not to tamper with the natural function of the gland, and the exhibition of camphor in the same way when nature's breast-pump is not available, is based upon purely scientific medication. At the risk of inviting sarcasm and ridicule for adhering to the "old woman" line of practice, I wish to suggest that which I look upon as a valuable addition to the various lines of treatment, successful though they undoubtedly are, which have already been mentioned. I refer to the application of the skin of some small animal, which has so recently been killed as to still preserve the animal heat. I can readily imagine the curl of

disdain which will disfigure the lips of some of your fastidious city readers, at the bare mention of such a homely means of cure; but it does the work.

Yes, it is repugnant to a refined woman (when she is not undergoing the excruciating pains of a gathered breast); it is wholly *un-antiseptic*; it is often difficult to secure the material; the skins frequently contain vermin and often impregnate the room with their characteristic odor. These obstacles would seem to be insurmountable and yet, I hope I may be pardoned for my temerity, in regarding the relief of the woman's pain and the cure of the diseased breast as being of prior importance. I cannot explain why the skin of a recently killed animal should be superior to absorbent cotton and oiled silk, for this purpose, but I know that it is. A case in my practice, dating only a few days back, will well illustrate that which I wish to make plain, and I cite it without apology for either time or space, well knowing that before many days have passed, some one of your readers will be benefited by what I have written.

I was called on August 3d, to attend in confinement Mrs. E., a primipara, aged 35 years, with very contracted pelvis and with history, as the patient herself assured me, of having gone five weeks over her time. After a labor of nearly twenty-four hours' duration, I delivered her by craniotomy and dismemberment, of a female child weighing, minus the brains, fourteen pounds. (Had she gone over her time and was this the result?) I left her in good condition, thinking I was well out of a bad case. Three days later I was informed that she was having trouble with her breast; and that the camphor, which her mother was applying, had produced no good results. I sent out some phytolacca ointment, and fluid extract phytolacca, for internal use. I saw her in about twenty-four hours, and found the breast enormously distended, hard, and exceeding painful. She had been getting worse all the time; had had no sleep whatever for two nights. I had the husband shoot a rabbit, fortunately this animal was plentiful, and as soon as possible applied the warm skin to the breast. *In fifteen minutes she was asleep.*

I made applications of fresh skins every four hours, and in forty-eight hours the breasts were soft and painless; and the woman, so far as the breasts were concerned, well. Previous to the use of the animal skins, cotton covered with oiled silk had been given a thorough trial.

WM. L. GILBERT, M. D.

GOODELL, IOWA.

[It must be remembered that our bureau is for the giving as well as obtaining information; and the editors are as willing as any one else to receive it. This is a new treatment to us, and we would like to hear from those who have tried it. We must warn our readers against trusting the phytolacca of the shops. Get the fresh root, leaves or berries, and prepare your own extracts, tinctures or ointments, if you wish success.—ED. T. & R.]

MITRAL INSUFFICIENCY.

I HAVE a case of mitral regurgitation on my hands, a young man twenty-one years of age, which is taking on a serious aspect. I have nearly exhausted the pharmacopœia in the treatment of it, but the improvement has only been temporary. This case is one of those following acute articular rheumatism, and has dropsy as one of the symptoms. I have endeavored by the use of heart tonics and diuretics to allay this symptom, but it seems without avail. I write to you as I would to my father, for advice, and will be very thankful for any information you can give me as to the treatment.

H. W. T.

[Deposits on the valves may be removed, to an uncertain degree, by the prolonged use of the iodides. I have known the murmur entirely disappear under their use. Dropsy is due to the interference with the circulation, or to the thinness of the blood. For the former, give heart tonics and dry diet, as suggested in my notes on fatty heart. Prevent the anemia by keeping the blood up, with iron and quinine, good rich food, wine or cod-liver oil as needed. Thus the progress of the disease may be delayed, and the heart will continue to do its work for years, if the work be limited to the lowest possible degree. Free living, hard work, violent emotions and plenty of beer, bring such a case to a speedy end. Especially watch for any evidences of rheumatism, as this will increase the trouble.—W. F. W.]

HAY-FEVER.

WITHOUT an idea of presuming on the remarks of the very able editor of the helpful TIMES AND REGISTER, may I add a recent experience in a somewhat similar case to Dr. W. J. Haine's "hay fever." Mr. K., Scotch-

man, aged thirty years, a stone-cutter by trade. Seven years ago on August 7th, while working in Jersey City, he was attacked with hay fever, with marked symptoms of asthma, so that he could not lie in a recumbent posture for seven weeks. This condition recurred yearly, beginning instantly the same day of August, until this year; except one year, when he spent a part of the time on the ocean, when he was exempt while on the voyage.

On first examination, on June 11th, this year, I found marked hypertrophy of the inferior, and extending somewhat over the middle turbinated bodies, with mucous membranes injected, reaching back and including the pharynx, with the general tone of his system below par.

I began systemic treatment with strychnine sulphate, grain $\frac{1}{32}$, syr. hypophosphites, and syrup hydriodic acid, ãã ʒss. four times a day, increasing the strychnine gradually to gr. $\frac{1}{20}$ in six weeks.

Locally I began with a mild alkaline spray to the nose and throat, twice daily, and later with a spray of dilute alcohol. On each visit to my office (about fortnightly), I used a bead of chromic acid on the enlarged turbinates. Believing the hypertrophied turbinated bodies had much to do with the excitation of his distressing affection, and by relieving these, and trying to build up the general health, and especially the nervous system, I could overcome the trouble, the above was the plan I pursued. On his last visit, August 11th, he smilingly said, "Doctor, I did not know when the dreaded day came, as to my feelings, and now I feel well in every respect. Much better than for many years."

TRUMAN COATES, M. D.

RUSSELVILLE, PA.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF BOSTON.

I SAW a statement in last week's TIMES AND REGISTER, signed "C—" upon the above subject, and, as my means of information seem to supplement those of "C," perhaps this may be new even to him.

Once upon a time, you see, a certain Dr. Darius Wilson, a graduate of this same school of 1882, grew suddenly rich

through official connection with several of those short term endowment orders that the Legislature of Massachusetts has but lately closed out as swindles, and pinned to own a college. So he bought this one—or tried to. Quite naturally the gentlemen composing the faculty, objected to forming part of the lot and got out.

But public opinion was so strongly with them that they didn't stay, but re-organized, with one of the strongest organizers and most competent deans of faculty in New England, at their head, Dr. Charles N. Thayer.

Under his administration everything went well. Harmony and peace reigned, and the school was gaining both in numbers and in standing, when Wilson turned up again, with plenty of money and this time seems to have made his purchase good.

At all events the men under whom alone the place has been made respectable and moderately successful, are out and Wilson is in, and after this we shall see.

It is not best to anticipate too much, perhaps from the new management, who besides lacking in popularity are without experience in running anything but endowment orders; but, as I said before, we shall see. H.

The Medical Digest.

SALOL AS AN INTESTINAL ANTISEPTIC.

In normal digestion the semi-digested acid chyme is poured out from the pylorus into the small intestine, to be exposed to the influence of the bile and pancreatic juice. These complete the digestion of the various food-stuffs, and some of the products of this digestion are due to the micro-organisms which are present in the intestine. Their work seems to be modified or kept in check by the presence of bile, for, as Foster remarks, "Bile possesses some antiseptic qualities. Out of the body its presence hinders various putrefactive processes; and when it is prevented from flowing into the alimentary canal, the contents of the intestine undergo changes different from those which take place under normal condi-

tions, and leading to the appearance of various products, especially of ill-smelling gases."

The stomach undoubtedly is responsible for some cases of dyspepsia, where the chyme is passed on to the intestines in an imperfectly prepared manner, which produces duodenal disorder. But in the following class of cases we have, I think, evidence that occasionally the secretions poured into the intestine are at fault. The patient is probably of a "bilious" temperament, he may have a clean tongue with great loss of appetite, and consequent loss of flesh; no pain during a meal, but coming on about two and a half to three hours after. Very likely he is constipated, and when his bowels are relaxed the motion is greyish white. As a rule, he will not suffer from nausea, only a little retching sometimes, and instead of the gas being acid, as it so often is, it may be quite alkaline and 'soapy,' as a patient once told me. The seat of pain is the lower part of the abdomen, and is relieved by passing wind. There will perhaps be a slight yellowness, hardly amounting to actual jaundice. These cases belong, I believe, to the same class as those described by Dr. Allchin in his lectures on duodenal indigestion. I also believe that the symptoms are due to excessive and faulty fermentation in the small intestine, owing to alteration in character and amount of the ordinary digestive fluids, and more particularly of the bile. I have given dilute nitrohydrochloric acid to these patients, sometimes combined with liquor pepticus, to help the stomach to do its work properly; but it has made little or no difference in their condition. And opium in any form by the mouth has not given that speedy relief which it does in gastric affections. So, latterly, I have been in the habit of beginning with four or five grains of calomel, and following it in an hour or two's time with ten-grain doses of salol every four hours. This, to use the language of a somewhat enthusiastic patient, "acts like a charm" when taken about one and a half hours after meals. The pain ceases, the swelling of the abdomen does not appear, the appetite improves, and, more important still, the wasting (due, I presume, to the non-digestion of a large part of the food) departs.

Another complaint wherein I have found salol exceedingly useful is a form of infective diarrhoea. Some months back I saw a family in a village near Lincoln who all had diarrhoea, passing dark-brown watery stools five, six, seven, or eight times in the twenty-four hours, attended with severe abdominal pain. In a few days several of the inhabitants of the village were seized with the same complaint, and every one had been into the first-mentioned house. Several more got it from the second source of infection. I regret that I was unable to discover any probable origin of the disease. I tried opium alone in some of the cases, but its action was far inferior to that of salol, whether combined with opiates or not.

In cases of ordinary diarrhoea, too, there are few remedies which more speedily check the flow and the pain than ten-grain doses of salol. Some years ago, in the *Lancet*, I advocated giving glycerine of borax in the diarrhoea of infants, believing that undue fermentation in the intestines was the *fons et origo mali*. It does answer well, as I have over and over again seen; but I prefer in the severer cases to use salol in doses proportionate to age, as being a little more certain, more antiseptic, and almost as agreeable to take.

Lastly, I have been using salol exclusively in typhoid fever, not so much on the idea of combating the specific poison, but of cleaning and keeping clean the intestinal tract, and so subduing the irritation of the glands of Peyer's patches and other ulcers there, and that caused by the secretion from these ulcers in the intestine. Salol also prevents the excessive formation of wind, which is sometimes so vexatious a trouble to the patient. Salol brings the temperature down generally one or two degrees, causes abundant perspiration (this can be readily combated by giving oxide of zinc, tincture of belladonna, and some quinine in a mixture), reduces the number of stools from twelve or fourteen in the twenty-four hours to three or four, and when they are offensive, deprives them of any odor whatever. No bad effects were noticed with regard to its action in producing delirium. Its use was continued in typhoid fever for about a week after

the disappearance of diarrhoea. It was always given in ten-grain doses suspended by means of compound tragacanth powder, at first (in typhoid fever and other complaints) every four hours, then every six, and for the last week three times a day. It was always given after food.

—E. Mansell Sympson, in *The Practitioner*.

THE ROLE OF THE POSTERIOR URETHRA IN CHRONIC URETHRITIS.

In a paper read by Dr. Bransford Lewis, of St. Louis, before the June meeting of the American Association of Genito-Urinary Surgeons, (*Medical Record*, June 29, 1893,) the author presents some very radical and unorthodox views on the frequency of posterior urethritis and its influence in the production of chronic gonorrhoeas.

The various causes commonly accepted as sufficing to explain persistence in gonorrhoea, were reviewed, and their potency as such was denied, *seriatim*. Two cases were reported showing that the presence of absence of the gonococcus, alone, could not form a reliable criterion as to prognosis: Case I. (primary) with abundant gonococci—containing discharge, lasted six weeks; while Case II. (secondary), also giving abundant gonococci—containing discharge, lasted only one week. The influence of anatomical abnormalities was restricted to only a small minority of the exceedingly numerous cases of chronic gonorrhoea, and did not explain the great number that occurred. The several varieties of urethritis, such as "granular urethritis," "catarrhal urethritis," "hypertrophic urethritis," etc., were only pathological incidents, not causes, of chronic gonorrhoea; and even on discriminating between these several varieties, the question still obtruded itself: What was it that had produced that particular variety?

Again, urethral therapists, with ardently-advocated new remedies, supposably specifics, had all in turn failed in their endeavors to abolish prolonged claps. So that it must be acknowledged that the various factors to which chronic urethritis was usually attributed, while relatively important in a contributory way, did not cover the ground in actual clinical

experience, and something else must be found to bear the onus of being a prolific source of chronic gonorrhœa.

While aware that infection of the posterior urethra was almost universally recognized by advanced practitioners of the present day, as a complication of gonorrhœa that was difficult to cure when it did occur; that interfered with the usual course of treatment employed, and required special measures for its relief etc., he did not believe that the full importance of posterior inflammation was generally conceived; that its frequency was even approximately estimated in general, or that its bearing on almost every case of gonorrhœa was understood, recognized or acknowledged.

In Dr. Lewis' opinion the posterior infection should not be looked upon as a complication, but as a natural feature, occurring with such unflinching regularity that an observer, watching carefully and critically gonorrhœal cases, must see a great many of them before he would met with a single one that remained free from the so-called complication throughout the disease. This conclusion, to which clinical investigation had led him, was supported in recent writings, by the following statistics of authors who had been pursuing a similar study of late years: Lesser asserted that of fifty-three cases of primary gonorrhœa under his care, the posterior urethra escaped infection in only four cases, making the frequency of posterior urethritis 93.5 per cent. Jadassohn found posterior urethritis in 143 of 163 cases making 87.7 per cent.; Rona found it in 79.7 per cent. of his cases; and Eraud found it in 80 per cent of all his cases.

In endeavoring to harmonize this undoubted fact of frequency of posterior urethritis with the reason for its frequency, the author disregarded, as inapplicable, explanations usually given. Sexual intercourse, the "forced" injection, the passage of instruments, etc. during an active gonorrhœa, were chiefly complained of by writers on the subject—extremely seldom by the patients themselves. Bearing on this point, the time and mode of onset of the posterior inflammation was of importance. Instead of the inflammation progressing slowly and gradually backwards over the urethral

mucous membrane and reaching the posterior urethra in the second or third week, as was commonly taught, it reached the posterior urethra, in most cases, in the first (active) week of the disease. This rather favored the supposition of Horteloup that the mode of infection was through the lymphatics rather than by continuity over the mucous surface.

The author, therefore, felt justified in submitting the following conclusions:

1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.

2. A single widely prevalent cause for such prolongation of gonorrhœa has, as yet, not proved its right to recognition as such.

3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily-prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.

4. Scrutinizing clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhœa.

5. Direct, topical treatment to the posterior urethra is, therefore, necessary in the great majority of cases.

6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.

7. The mode of onset usually described does not coincide with that discerned in clinical observations.

8. These two latter observations confirm the probability that the posterior urethral infection is accomplished through the lymphatics, and explain the frequency of such infection.

9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhœa.

BROMOFORM IN WHOOPING COUGH.

Earle (*Chicago Medical Recorder*) has collected some data on the treatment of pertussis by bromoform. He gave it in 50 cases, and found the paroxysms in-

variably diminished in frequency within three days. The action resembled that of belladonna. A large dose gives rise to dizziness. Fisher reports 51 cases, Burton Fanning 30, Duncan 5, Stepp 100, Newman 25, Schippers 250, and Kerley three, in which unvarying success followed its use. Ullman concludes that bromoform is not superior to other remedies. Nauwelaers reports a fatal case from a small dose, the exact size not being intelligibly stated. Earle's formula is :

R Bromoformi gtt viij
Tr. opii camph. ʒj
Syr. acaciæ ʒiʒ
Aq. anisi
Aq. laurocerasi aa q. s. ad ʒj

M.—Shake well. S.—Half to one teaspoonful four times a day to a child one year old.

TREATMENT OF INFANTILE CONVULSIONS.

M. Jules Simon recommends the following line of treatment of infantile convulsions: 1. Empty the digestive tract by an enema and by tickling the fauces to promote vomiting. 2. If the attack continues, administer ether or chloroform on a handkerchief. 3. Administer by the mouth, or if necessary by enemata, repeated doses of the following mixutre: chloral hydrate, fifteen grains; bromide of potassium, fifteen grains; syrup of codein, ten drops; tincture of musk, ten drops; tincture of aconite, ten drops; orange-flower water, three ounces and a half—this quantity to suffice for twenty-four hours. 4. When the attack is very grave give a warm bath and apply a small blister to the back of the neck or the epigastrium, leaving it on for three hours. Antiseptic precautions should be observed and a poultice subsequently applied.

A NEW METHOD FOR DETERMINING THE FATTY MATTER OF MILK.

Liebermann and Szekely (*Zeitschrift f. Anal. Chemie*, p. 168) report the following method for determining the fatty matter of milk:

Fifty cc. milk at the temperature of the room are put in a glass cylinder about 25 cm. in height and about 5½ cm. internal diameter; there are added 5 cc. of potassa-lye at 1.27 specific gravity, closed with a well-fitting cork, and well shaken.

To this mixture are added 50 cc. of a

light petroleum ether, the specific gravity of which is about 0.663, the boiling-point 60°, and which evaporates on the water-bath without residue. The glass is stoppered and again vigorously shaken so as to form an emulsion. To this emulsion are added 50 cc. alcohol of about 95.8 to 96 per cent., and the liquid is again well shaken. After at most four or five minutes the petroleum ether separates at the top, and the separation may be regarded as complete. We shake again three or four times, each time for a quarter of a minute, allowing each time the ether to separate out.

The petroleum ether will now have taken up all the fat. We ascertain this point by shaking up eleven specimens at different number of times, the first once and the eleventh eleven times. Already after the third or fourth shaking we have found quantities of fat which differ from each other only to an unimportant degree. After once shaking 3.535 per cent., after twice shaking 3.54 per cent., and the results which we obtained between the third and eleventh shaking fluctuated only between 3.55 and 3.56 per cent.

Of the stratum of petroleum ether, 20 cc. are drawn off with a pipette and introduced into a small tared capsule, the capacity of which is about 40 to 50 cc., and the neck of which is higher than 1 cm., with a diameter of 1½ to 2 cm. These small flasks are convenient, because the liquid does not readily rise out of them, and yet the evaporation goes on with sufficient rapidity. But of course small tared beakers or ordinary flasks may be used.

The flask is set upon a water-bath at a moderate heat, the petroleum ether is evaporated entirely away, and the residue is dried at from 110° to 120°, for which an hour is generally sufficient; the weight found, if multiplied by five, gives the quantity of fat in 100 cc.

The quantities of fat obtained by the new method may be easily recalculated by the aid of specific gravity into percentages by weight, so as to admit of a comparison with the Adams method in which the milk is weighed. We remark that on the Adams method the extraction with petroleum ether must last for at least three hours.

The results of the new method vary from those of the gravimetric method by 0.066 in a positive direction, and by 0.037 per cent. in a negative direction.

But these deviations, in our opinion, are not necessarily founded on the sources of error in the method, but are chiefly due to the circumstance that in the gravimetric method the milk is weighed, whilst in the new method it is measured, and by a recalculation may occasion errors.

MALIGNANT ENDOCARDITIS AFTER GONORRHOEA.

At the meeting of the Society for Medicine, on the 3d inst., Hr. Leyden showed a preparation from a man, æt 22, who had suffered from a febrile joint affection, and afterwards from heart disease. The latter showed a malignant character from the first, marked by intensity of fever, grave general symptoms and rapid collapse. The fever was characterised by intermittent rigors, cardiac weakness, nephritis, œdema, loss of strength and death. There was an infarct in the spleen. Malignant endocarditis was associated with development of bacteria of which various forms had already been found in the endocarditic deposits, mostly strepto and staphylococci. The case presented was of special interest on account of the ætiology. The patient had had gonorrhœa at the end of March. Early in April he developed gonorrhœal rheumatism in the pseudo ankle-joints. On admission into the Charitè there were gonorrhœa epididymitis. As regarded the relation of gonorrhœa to malignant endocarditis there were already various observations noted which made it probable that the gonorrhœa was to be looked upon as the cause of the cardiac affection. Assuming a connection between the two diseases, the question arose in what way was the endocarditis produced? There were two possible ways; it might be that the parasite of gonorrhœa itself furnished the cause for the endocarditis; on the other hand, it might be taken that the gonorrhœa in its course led to sepsis, in the course of which septic cocci were deposited on the valves. In favor of the latter view was the fact that streptococci had

been found in some cases. Finally, the ætiological relation might be explained by analogy. It was known that there was a series of infective diseases with invasion of micrococci and the assumption of such a one seemed probable. Dissemination of the gonococcus by the circulation had only been proved in a very limited number of cases. Two cases were recorded in which, on puncture of a diseased joint a few gonorrhœa diplococci had been found. Generally speaking, however, the facts of the spread of the gonococci through the circulation were very rare. The speaker had succeeded in demonstrating the presence of gonococci in the deposits on the aorta and mitral valve. On the other hand, preparations from the fibrinous deposits in the heart give diplococci only. A considerable portion of them were in the cells. The proof was rendered certain (1) the form, (2) by their presence in the cells, (3) by their staining with methyl violet and bleaching by Gram's method.

Hr. Casper alluded to the new and easier method of gonococcus cultivation introduced by Abel of Greifswald, which consisted in spreading human blood upon agar. If gonococci were then applied to the plates so prepared, pure cultivations of them were obtained. The gonococcus question was at present doubtful. The signs of gonococcus in the human subject were reduced to one, viz., the presence of them in the cells and around the nuclei. But the diagnostic value of this had lately been contested by Bum. He had found numbers of diplococci in the normal urethræ of women, indistinguishable by the microscope from the gonococcus. As also a diplococcus had been found in the healthy urethra of a child, there was a good deal of confusion on the subject. He, Hr. Casper, had seen a recent case of gonorrhœa a week ago. He prepared cultures from the pus. By the agar process distinct cultivation of diplococci were obtained, but other cultures showed that they were not pure, for the micro-organisms grew both upon agar and bouillon, the typical gonorrhœa was, therefore, not present.

Hr. G. Sewin said the matter was not yet closed. The reaction was not suffi-

cient nor sufficiently exact. The inoculation experiments were not convincing. When discharge was obtained by puncture, it was not gonorrhœa. He had made numerous experiments with patients with gonorrhœa and articular rheumatism, but he had never succeeded in finding the gonococcus. Above all, it ought to be found in gonorrhœal vesical catarrh but it was not. Contrary statements were deceptions by similiar cocci. In the case of a child born with the membranes intact, gonococci were found in the urethra, although neither father nor mother had had gonorrhœa. The gonococcus was, therefore, of no practical value. If gonococci could not be found one would not be justified in saying the patient had not gonorrhœa. Neither was the therapeutics altered by it. We must be sceptical or we should find the processes in all the organs of the body. All diseases of women were now traced to gonorrhœa, and if the husband had had the disease twenty years before; physicians were inclined to say the disease had been latent.

Hr. Furbringer believed in the diagnostic value of the gonococcus and declared that the relation of the gonococcus to gonorrhœa was identical with that of the tubercle bacillus to tuberculosis. Many bacilli, for example the smegma bacillus, could be mistaken for the gonococcus at the first glance, but its diagnostic value was not affected thereby.

Hr. Casper concluded from the facts stated the extraordinary difficulty of distinguishing the gonococcus from other bacilli, but he would by no means doubt its diagnostic value. The fact that the micro-organism was not found in the bladder was explained by the acid urine destroying them.

Hr. Leyden had from his own observations arrived at the conviction that the gonococcus was the organism that produced gonorrhœa and that it could be identified.—*Med. Press.*

THE TREATMENT OF CHOLERA.

Hr. Mendelsohn said Emmerich had recently, from a number of experiments on animals, come to the conclusion that Asiatic cholera was caused in the last instance by nitrites. If this conclusion was

correct, attention must be directed to decomposing the nitric acid salts in the intestines. Emmerich had directed attention to sulphuric acid principally. Experiments had shown the speaker that nitrite and hydroxylamine were decomposed into water and nitrous acid. If both substances were introduced one after the other into the intestines, the animals remained alive.

TRANSPORT OF CORPSES.

A new order has just been issued by the Minister of the Exterior that no dead body will be allowed to be carried into or through the Austro-Hungarian Empire without a legal pass from the Consular Office. This document must bear the name, whence and whither the body is transported, duration of illness, and probable cause of death. Special precautions are set forth respecting infectious diseases. If the body be kept a week it must be preserved by embalming. All infectious diseases are left to the discretion of the Council of State.

No cholera cases are yet reported in the Empire although in neighboring monarchies the numbers are increasing. On Tuesday, 26 new cases were reported in Naples, while the other provinces are reported to have smaller ones. Since the beginning of July it is rapidly increasing in Russia. In Arabia the epidemic is rapidly diminishing from the reduction of pilgrims to Mecca and Jeddah. In Persia a few also are reported.

SAMARITAN CONGRESS.

This international gathering is now arranged for the 7th September, under the Presidency of Prof. Ludwig. On the 8th, a general reception will take place in the Town Hall at the desire of the Burgermeister. The 9th, 10th and 11th are filled up in the usual manner, terminating with excursions to Buda Pesth, etc. Four hundred members have already intimated their intention of being present among whom the princes of several countries are announced.

HÆMOGLOBIN IN SYPHILIS.

Prof. Neuman and De Kondried have recently been experimenting on the blood of patients to determine the amount of hæmoglobin present in the various

stages of syphilitic disease. From the beginning of the attack, where no medicine is administered, the hæmoglobin is gradually reduced from 15 to 10 per cent; after the use of drugs, inunction or anti-syphilitic preparations the hæmoglobin gradually returns to its normal quantity. In advanced cases of secondary syphilis where treatment has been neglected the absence of hæmoglobin is found to be 45 to 75 per cent. On commencing specific treatment the increase takes place daily till it assumes its normal condition. The examination of the tertiary form reveals the same condition. The red blood corpuscles in the primary attack is not proportionately reduced with the loss of the hæmoglobin, but as the disease advances or continues without interruption they fall to a third of the normal number, which under specific treatment may be also restored to their former condition. Neglected secondaries show a diminution of a third, and recover as quickly as the hæmoglobin. The tertiary form has usually an average of four millions of red blood corpuscles. These also are increased by specific treatment, and very early assume the normal number. From this it is assumed that the syphilitic is a constant reducing power in the number of the red blood corpuscles which can be averted or altered even in the tertiary stage of the disease. The number of the white blood corpuscles increase in parallel ratio with the decrease of the red blood corpuscles, and *vice versa* with the restoration.

—*Med. Press.*

A NEW METHOD FOR THE RADICAL CURE OF VARICOSE VEINS.

Recognizing the deficiencies of these modes of treatment, we proceeded to treat the condition in a manner that would remedy it at once. The two great channels that drain the superficial venous circulation of the leg are the internal or long saphena and external or short saphena veins. These and their tributaries are the vessels affected in the varicose condition. The lack of support, or any other cause act simultaneously upon every branch of the vein. The long saphena vein commences in a minute plexus on the dorsum of the foot; it as-

cends in front of the inner ankle and inner side of the leg, behind the inner margin of the tibia. It drains all the anterior surface of the leg and the whole circumference of the thigh.

The external or short saphenous vein drains the posterior portion of the leg and empties into the popliteal vein between the two heads of the gastrocnemius muscle. This being the case it occurred to me that if obliteration of the varicose veins was the essential factor in the cure, it might be possible to obliterate all the surface venous circulation by ligating the long saphenous vein at the saphenous opening and the short saphenous vein between the heads of the gastrocnemius. Blood stasis must necessarily follow and a certain amount of oedema. Elevation of the limb, and gentle compression with raw cotton and a flannel bandage soon overcomes this. Rest in bed adds the final requirement to what seemed to me *a priori* the ideal mode of obtaining a wholesale obliteration of all the varicose veins of a limb, hence the cure.

The advantages claimed for this method therefore are, first, it deals with the cases of varicose veins at wholesale; second, the operation if *aseptic*, is harmless, easy, and with the help of cocaine, painless; third, it achieves that principle which we know underlies the cure of all aneurismal or varicose conditions, viz: an ultimate obliteration of the impaired blood vessel. This is reached by coagulation of blood and gradual absorption of the coagulum, while sufficient white blood corpuscles have exuded during the period of distension to subsequently build fibrous tissue which will contract upon the obliterated vein; fourth, until now we are not aware of any relapse; fifth, a cure seems apparent in from two to three weeks.

—Laplace, *Jour. Am. Med. Ass.*

AN editorial in the TIMES AND REGISTER for July 22, in speaking of the Journal of the American Medical Association, says: "It is a humiliating spectacle to see this Journal embarrassed for funds and threatened with extinction in the near future." We desire to remark that there is no need for the extinction of the Journal of the American Medical Association.

ciation, either in the near or distant future, if it is properly managed and carefully edited. It has been the lack of proper management and editorial insufficiency that has placed it in its embarrassing position. But we are in hopes that with the change of the editor which has recently taken place this condition of affairs will be overcome and prosperity be perched upon the banner of the association and its journal.

—*Railway Age.*

OCULAR AFFECTIONS IN CEREBRO-SPINAL FEVER.

It would seem that all epidemics of cerebro-spinal meningitis have one or more eye symptoms in common, and probably those most often met with are the changes in the pupils and conjunctivitis. But every extensive epidemic is apt to be associated with a special type of eye affection. Thus Knapp, Kreitmair, Oeller and Jacobi observed most often suppurative inflammation of the uveal tract and make no particular mention of any other ocular complication. Wilson, Niemeyer, Ziemssen and Hess met with keratitis, while Hirsch, in his wide experience, saw nothing more serious than conjunctivitis, which was an invariable condition). The type of eye symptoms peculiar to the epidemic which I have just described seems to have been a remarkable tortuosity and distension of the retinal veins and more or less congestion of the optic disk. The degree of venous engorgement in some of the cases was, in my experience, a unique condition, the blood appearing almost black and as though actually stagnant. The tortuosity of the veins, too, was striking. The turning points of the veins were so abrupt that they resembled small hemorrhages, and as such I regarded them in one case till I was enabled later to make a more thorough examination, when I found that what I took to be hemorrhages were very abrupt turns in the veins where the circulation must have been almost at a standstill. These conditions are quite analogous to what was discovered in the brain in every case where a post-mortem was made. I was not present at any of the autopsies, but Dr. Porter told me that the tortuosity and distension of the

veins on the surface of the brain reminded him forcibly of my description of the retinal viens, and the changes in these vessels I think can readily be understood from the condition of the brain revealed at the autopsy.

It is clear, then, that in all epidemics of cerebro-spinal meningitis a systematic examination of the eyes should be made with the ophthalmoscope, and that frequently when other eye symptoms are absent and the general symptoms are misleading, changes in the fundus of the eye will be discovered which will throw light upon the case. And again, the existence of good vision does not mean a sound optic nerve or retina, for not unfrequently do we meet, in every-day work, with a choked disk where the visual disturbances are insignificant. Of the thirty-six cases which I examined, not counting those which were affected with diplopia, only three complained of their inability to see distinctly. I regard the existence of eye symptoms, especially those where the fundus is involved, as indicating a particularly grave case. Wherever I found the condition which I have described very pronounced, I felt justified in speaking positively as regards the prognosis. I think that this type of eye symptoms is of more value as indicating the condition of the brain than the symptoms described by other writers, such as panophthalmitis, suppurative choroiditis and keratitis, affections which, in my opinion, would be likely to have their origin in a general infection and not likely to be the direct result of the purely cerebral changes.

—R. L. Randolph, *Johns Hopkins' Hosp. Bull.*

TYPHOID FEVER.

The tendency in all diseases is to return to health. Our treatment should, of course, aid this tendency. The best remedies to best accomplish this purpose are the ones to use, *which become in this sense alteratives*. I select for this purpose the following, which experience has taught me to especially value: Hyg. cum creta, acid salicylic, acid boracic. These drugs are very useful, assisting to right the abnormal processes, also to remove harmful results, stimulate the secretions and promote excretion. For the abnor-

mal heat present those means are indicated which will limit heat production and favor heat dissipation. Alteratives, as above mentioned, are best to prevent excessive heat production. The most useful means at our command to favor heat dissipation is water. I have reason to believe it acts also as an alterative. It promotes the excretory function of the skin, as well as influencing the condition of other organs. It aids that portion of the economy whose normal function is to preserve the temperature equilibrium. I use frequent and large draughts internally, and the bath externally (chloride of sodium and borate of sodium in bath) and give the bath warm, about 100°F., every four hours, poured over head and body from a bucket, during the fever. Irrigate each time the bowel. If the individual condition will permit, and the case requires it, a cold douche (about 80°F.) is given. The subject is dried, rubbed vigorously and put to bed. The length of the warm general bath is varied from twenty to sixty minutes.

The feeding of the patient is, of course, a most important part of the treatment. Very little food should be given at first, not much any time, but what is given should be very carefully selected and prepared and as carefully administered.

—Crouch, *Lancet-Clinic*.

PRESCRIPTIONS.

FOR PITYRIASIS RUBRA.

- R Calaminæ, gr. xl.
Zinci oxidi, ʒij.
Olei olivæ,
Aque destillatæ, aa, ʒj
Misce et fiat applicatio.

A SOOTHING OINTMENT FOR ECZEMA.

- R Bismuthi oxidi, ʒj
Bismuthi subnitratæ, ʒj
Acidi oleici, ʒj
Cere albæ, ʒij
Adipis lane, ʒx
Misce et fiat unguentum.

Apply to the affected parts.

AN ALKALINE LINCTUS.

- R Tincturæ scillæ, m.v
Ammonii carbonatis, gr. 1-6
Essentiæ anisi, mj.
Boracis, gr. ʒ
Mucilaginis acaciæ, mxxx.
Aque ad, ʒj.
Misce et fiat linctus.

A teaspoonful to be sucked from a spoon when the cough is troublesome.

A NERVINE TONIC IN PILL FORM.

- R Ferri phosphatis, gr. i
Strychninæ, gr. 1-32
Quininæ sulphatis, gr. i.
Acidi phosphorici concentrati, m iss.
Radici glycyrrhizæ pulv. ad gr. v.
Misce et fiat pilula.

One pill to be taken three times a day.

FOR PEDICULOSIS CAPITIS.

- R Olei staphisagriæ, ʒj
Olei limonis, ʒj
Olei amygdalæ ad, ʒiv.
Misce et fiat applicatio.

To be applied to the affected parts daily.—*Practitioner*.

THE CONGRESS ON TUBERCULOSIS.

The third Congress for the Study of Tuberculosis in man and animals was held from July 27th to August 2nd, in presence of a large concourse of medical men from all parts of the world. Professor Verneuil presided, and in an eloquent opening speech reviewed all that had been discovered within late years on the subject, and the different remedies recommended or applied against the disease which so sadly decimates the various populations. Loud and repeated applause greeted the eminent professor when he terminated. The papers read were in most cases of much interest, testifying to a profound knowledge of the subject, and an anxious desire on the part of their authors to arrive at a practical conclusion. I will now give a brief *résumé* of those which seem to be of particular importance.

Treatment of Tuberculosis by Injections of the Serum of Dogs.

M. Babes (Bucharest) said that the last Congress was held immediately after the deception produced by the treatment of Koch, who had announced too precipitately to the world that he had found the specific of tuberculosis (tuberculin). Prosecuting his researches in the same direction he (M. Babes) had discovered that dogs, by the injection of a series of *cultures* could be rendered refractory to the disease, and on account of this immunity he tried on several hospital patients injections of the serum, but he could not as yet say much as to the result, save that the patients seem to have much

improved by the treatment. Consequently he thought he was authorized in recommending inoculations in children of tuberculous parents of the serum in question.

Prophylaxy of Tuberculosis in the Bovine Species.

M. Nocard (Paris) remarked that tuberculosis in the bovine species, as in man, was spreading. It has been shown that out of every 100 Parisians who die, twenty-three succumb to tuberculosis, and of the remainder how many are there who are entirely free from taint?

At Berlin, out of 125,000 animals examined in 1890-91, nearly 15,000 were tuberculous, or twelve per cent. At Copenhagen the average was sixteen per cent. In England twelve per cent. for 1891 and twenty-two per cent. in 1892.

In France the advance of the malady is also progressive; the actual proportion is twenty-five per cent. The principal cause of this extension of the disease is contagion; heredity plays but a secondary role. The only effectual means of checking the progress is consequently that of isolation of the animals. The healthy animals should be placed in stables thoroughly disinfected. By means of tuberculin it is easy to discover the smallest trace of the disease. As to the milk of such animals as are not affected to any considerable extent, it need not be destroyed if it be sterilised by heat.

The Role of Contagion and Heredity in the Propagation of Tuberculosis.

The same speaker introduced this subject, which is of immense importance as regards, said M. Nocard, animal tuberculosis. I am quite satisfied that heredity has very little to do with the propagation of the malady. I am well aware, of course, that in the post-mortem of tuberculous cows a foetus has been more than once found infected, and even the disease has been detected in very young calves. But these are exceptional facts, as all the meat inspectors are agreed in affirming the extreme rareness of tuberculosis in the calf. Last year I went to a large farm and submitted sixty-one animals to the tuberculin test;

forty-one were found to be infected, and nearly all adults. Out of six calves treated by the injections only one was tuberculous. In another place I tested 105 animals and found forty-one diseased amongst the adults and only five amongst the young calves.

These experiments have convinced me that contagion is the chief agent of propagation, but also that this contagion was the result of prolonged and intimate contact.

M. Empis (Paris). We cannot separate the interesting facts which have just been communicated to us from what we observe in human pathology. It is an indisputable question that tuberculosis is an hereditary affection, and the whole question is, if heredity is sufficient to provoke at a given moment the evolution of the malady, or if it is necessary that a new factor intervene to determine this evolution. M. Nocard, who appears to consider heredity as an accessory, and contagion as the principal agent of propagation, insists on the importance of intimate contact. I feel myself obliged to differ with him, as in fifty years of medical practice I have never met with one case of tuberculosis contracted between husband and wife by simple contagion, unless there were some hereditary taint.

M. Herard (Paris). I perfectly agree with the last speaker in admitting the influence of heredity in the propagation of phthisis, but I cannot follow him in his views on contagion, which seem to me to be too exclusive, for in his opinion it was not rare to find women perfectly healthy and devoid of all hereditary taint become infected by contact with a tuberculous husband. It would be well to understand what is the meaning given to the term heredity. If it be allowed that heredity exists only in the transmission of parents to children of a special predisposition, the matter is simply enough, since contagion becomes the only cause of phthisis in persons issued from tuberculous parents as well as in those who have had no hereditary taint. The existence of congenital tuberculosis is proved beyond all doubt, and especially so by recent researches.

M. Petit. Recent works have fur-

nish bacteriological demonstration of the existence of hereditary consumption, and clinical experience confirms in all points that fact, to illustrate which the speaker recited the history of a numerous family which he had known for twenty years, from which he argued that the repeated confinements weakened the mother so that the offspring inherited a special predisposition to the disease.

M. Coudray. I looked up the heredity in seventy-five cases of surgical infantile tuberculous disease, such as tuberculosis of the hip, knee, foot, *mal de Pott*, etc. In ten cases only did I find hereditary antecedents. In sixty-five other cases, in which heredity did not exist, the predisposing cause could not be elucidated in forty-one cases; nine times traumatism was the direct cause; in four cases bronchitis seemed to have provoked the disease; three cases were attributed to whooping-cough, and a similar number to insufficient nourishment. Thus, according to my personal experience, contagion appears to me to play a predominant *role* in the etiology of tuberculosis in its external manifestations, since heredity did not exist in the majority of cases.

M. Verneuil. It is incontestable that surgical tuberculous disease can have contagion as a direct cause, and that in individuals who do not present any kind of hereditary predisposition. The same might be said of traumatism in certain cases; when a child, for instance, falls on his hip and slightly dislocates the vertebral column and that tuberculous lesions begin to develop, at the point injured the influence of the traumatism cannot be denied.

Phthisis Provoked by Infectious Maladies.

M. Verneuil thought that it was fully proven that the grippe and some eruptive affections have a considerable influence on the production of tuberculosis. He had known several cases in which the malady followed some eruptive fever, and in which there had been no hereditary taint.

M. Legroux agreed with Prof. Verneuil on the question. He had seen several cases supervene on an attack of

the grippe, and on whooping-cough. The number of children thus attacked was very considerable.

Tuberculosis in the Goat.

M. Siegen said that it was generally considered that the goat was refractory to tuberculosis, and on that account goat's milk was frequently ordered for infants and sick persons. But unfortunately such was not the case, as Collin and Nocard succeeded in inoculating with the virus several of these animals, and he (the speaker) found at the slaughterhouse ten goats with tubercles in the lungs, livers, and intestines. He thought consequently that these animals should be inoculated with tuberculine before giving the milk to the children.

Tuberculine.

M. Strauss. It is firmly established to-day that tuberculine constitutes an extremely precious reactive for the diagnosis of tuberculosis in man and animals. After examining a certain number of patients, it seemed to him that tuberculous affections were not the only maladies for which tuberculine aided at arriving at a correct diagnosis, as it might be also useful in syphilis, which is sometimes so difficult to diagnose. In several cases of secondary syphilis the characteristic rise of the temperature was witnessed after an injection of tuberculine. Another series of experiments on other eruptive affections gave no reaction, consequently he felt himself authorized to conclude that tuberculine can render great services in obscure cases of syphilis.

Tuberculosis of the Anus.

M. Hartmann. Leaving aside tuberculous gummæ, which are the same in this situation as elsewhere, I will speak only on those suppurations which have an immediate relation to the rectum. In the first place, what relation exists between an anal fistula and pulmonary tuberculosis? Certain authors pretend that 5 per cent. of consumptives have a fistula, while others consider the complication as extremely rare, 1 in 800. He (the speaker) examined 533 consumptives and found 26 with fistula, or 4.8 per cent. Between men and women

there is a notable difference (5 to 1). The nature of the fistula is essentially tuberculous, as bacilli can be generally found under the microscope and seem to be carried down to that point by the intestinal secretions. As to an operation it was formerly considered that it was dangerous to attempt the cure of a tuberculous fistula, but many instances are on record where the surgeon operated without causing any extra development of the primitive malady. It is always difficult to obtain complete *reunion* of the wound, but with patience and appropriate treatment the issue will be successful.

Treatment of Uterine Fibroma.

M. Chandeux treated recently an immense fibroma by interstitial injections of chloride of zinc. The tumor was previously treated unsuccessfully with ergotine. Two drops of a weak solution of chloride of zinc (1-50) were injected on either side, through the abdominal walls, and renewed every week and finally every five days, the strength of the solution increasing from two to six per cent. The tumor diminished in volume and the condition of the patient is at present satisfactory.—*Med. Press.*

News.

THE phylloxera has about disappeared from French vineyards, and this year's grape crop is pronounced the finest in 35 years. For this France is indebted to Prof. C. V. Riley, of St. Louis, who pointed out the only remedy that has proved practicable—the substitution of certain American vines that resist the insect. France has now replaced her ancient vines altogether with these hardy Americans. The question as to whether this will change the nature of the wine or if that be influenced rather by the soil than the vine, is of much interest.

DEATH AS IT IS.

Perhaps the most common mistake of the lay mind is the association of the dra-

matic with the conception of death. Nothing is more common than to hear from the pulpit pictures in words of excitement, of alarm, of terror, of the deathbeds of those who have not lived religious lives, yet, as a rule, if these pictures are supposed to be those of the unfortunates at the moment of death, they are utterly false. In point of fact, ninety-nine of every hundred human beings are unconscious for several hours before death comes to them; all the majesty of intellect, the tender beauty of thought or sympathy or charity, the very love for those for whom love has filled all waking thoughts, disappear. As a little baby just born into the world is but a little animal, so the sage, the philosopher, the hero or the statesman, he whose thoughts or deeds have writ themselves large in the history of the world, become but dying animals at the last. A merciful unconsciousness sets in, as the mysterious force we call life slowly takes leave of its last citadel, the heart, and what is has become what was. This is death.

—Cyrus Edson, in *North American Review*.

Navy Department, Bureau of Medicine and Surgery, Washington, D. C. Changes in the Medical Corps of the U. S. Navy for the week ending August 26th, 1893.—Med. Director, D. Bloodgood, placed on retired list Aug. 20th, 1893; Surg., Geo. F. Winslow, from Monterey and to the Philadelphia; Med. Director, A. A. Hoehling, President of Board to examine applicants for Naval Academy; Pd. Asst. Surg., G. T. Smith, from "Baltimore" and to "Wabash;" Pd. Asst. Surg., R. M. Kennedy, from "Wabash" and to the "Baltimore;" Asst. Surg. L. H. Stone, from Hosp. New York and to the "Minnesota;" Asst. Surg., J. E. Page, from the "Minnesota" and sick leave for three months.

SEQUEL TO THE TROUBLE IN THE COLLEGE OF PHYSICIANS AND SURGEONS, BOSTON, MASS.

It has been announced that the trustees of Tufts College, Boston, have determined to establish a medical department, and

have invited the former faculty of the college of Physicians and Surgeons to assume the charge of it.

The lecture courses for the present will be given from 188 Boylston St., the old location of the Physicians and Surgeons.

This places the former faculty of the Physicians and Surgeons in a stronger position than ever before and materially assists the good work they have been accomplishing in the past.

SUNG SONGS TO CURE A SICK BABY.

The Anti-Cruelty Society is investigating the suspicious death of a baby at the house of Dr. Reed, a faith curist, in Allegheny, Pa. Florence Morrow took her sick infant to Dr. Reed's a week ago. The doctor pressed a brass rod against the baby's back, rocked it in his arms, meanwhile singing weird songs and quoting passages from the Bible. He also had the mother repeat the performance. Then he pronounced the child cured. Saturday the child died. Dr. Reed is a negro. His wife and all the women who visit him are white.

PROPOSED ORGANIZATION OF MEDICAL JOURNAL PUBLISHERS.

It gives us pleasure to be informed that there is to be organized a Medical Publishers' Association in Washington during the meeting of the Pan-American Medical Congress, which convenes September 5.

Such an organization, if properly formed, will not only be a protection and benefit to the publishers of Medical Journals, but to the advertisers as well. Whilst the publishers of many of the Medical Journals are also editors and probably belong to the Association of Editors which meets simultaneously with the American Medical Association, they certainly must recognize that there are matters pertaining to the business and financial interests of the journals that do not come within the purview of the Editors' Association. We understand the object of the Publishers' Association shall be for the better protection of legitimate advertisers and the publishers and is not in any way to take the place of, or interfere

with the work of the Editors' Association. Such being the case the organization of the Publishers' Association should meet with their hearty co-operation, and we trust that editors will take note of this proposed movement. Should they themselves not be publishers of the journal they edit, we hope they will advise their publishers of the meeting to be held in Washington, September 5, urging them to be present, and give their co-operation to such an organization as shall be for their mutual protection.—*Med. Review.*

NOTICE.

An army medical board will be in session at Washington City, D. C., during October, 1893, for the examination of candidates for appointment to the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the board will make application to the Secretary of War, before September 15, 1893, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between twenty-two and twenty-eight years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the board.

Further information regarding the examinations may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

GEO. M. STERNBERG,
Surgeon General U. S. Army.

Dr. Louis Lewis has removed to 2011 Arch Street.

DR. D. G. FOSTER, (Jeff. Med. Coll., '73.) blew his brains out, Aug. 19th, at his home at Crafton, Pa. He was 45

years old, and widely known as a physician and a politician. He was Surgeon of the 14th Regiment, Penna. Guard. He leaves a widow and two children. No cause has been assigned for his suicide, except mental derangement from insomnia.

A FATAL disease has broken out among Chester county cattle. It is thought to be murrain.

HYDROPHOBIA is said to have affected cattle at Indian Mills. N. J.

AN advertisement recently appeared in the *New York World*, offering \$5000 to any man who would submit to an experimental surgical operation involving some risk. One hundred and forty-two answers were received. It is said that two physicians in Ecuador are the advertisers, and that they wish to establish a gastric fistula, and repeat the observations made by Beaumont on St. Martin. Half a century has elapsed since these were made, and many new questions have arisen that render such experiments desirable.

GEORGE SCOTT, who is at the Philadelphia City hospital with blood poisoning says that after his toes were amputated at the University Hospital he was turned out of the institution.

THE actors have struck against the abuse of charity that expects them to give their services free for benefit performances. Hereafter, one-fourth of the proceeds of all such entertainments are to go to the Actors' Fund, except in case of local or national calamity.

MEDICO-CHIRURGICAL NEWS.

Professor Garretson is at his country residence at Lansdowne, Pa.
Prof. Stubbs summers at Merion.
Prof. Stewart and family are at Bryn Mawr.
Prof. Keyser goes to Connecticut.

Prof. Goodman has been in the city a large part of the summer.
Prof. Waugh has divided his time between the city and Atlantic.
Prof. Atkinson has been in the city. Of the active faculty.
Prof. Pancoast summers at Elberon.
Prof. Howell is at Atlantic City.
Prof. Shoemaker is in Europe, as well as Profs. Anders, Ashton and Fox.
Prof. Laplace, after a short stay at Bar Harbor, has gone to New Orleans.
Prof. Haehtlen is in the mountains of Pennsylvania.
Prof. Egbert is in Venango Co., Pa.
Profs. Woodbury and Wolfe have made the city their headquarters.
Prof. Morris is in West Virginia.
Prof. Taylor is at Bar Harbor.

WEEKLY REPORT OF INTERMENTS.

PHILADELPHIA, AUGUST 28, 1893.
Deaths and interments in the City of Philadelphia, from the 19th to the 26th of August, 1893.

CAUSES OF DEATH		Adults	Minors	CAUSES OF DEATH		Adults	Minors
Abscess.....	2	1		Hemorrhage.....	3		
Alcoholism.....	2			Homicide.....	1	1	
Apoplexy.....	2			Inaution.....			10
Anæmia.....	2	1		Influenza.....	1		
Bright's Disease.....	4			Inflam'n Brain.....			13
Burns and Scalds.....	7	2		" Bronchi.....	5	3	
Cancer.....	9			" Kidneys.....	3	8	
Casualties.....	9			" Lungs.....	1	1	
Cerebro-Spinal Meningitis.....	1			" Peri'd'm.....	4	1	
Congestion of the Brain.....	1	6		" Sto. & Bls.....	6	5	
Chorea.....	1			Insanity.....	1		
Cholera Infantum.....	52			Indigestion.....		1	1
" Morbus.....	1			Jaundice.....		1	1
Cirrhosis of the Liver.....	3			Mania a Potu.....	2		
Consumption of the Lungs.....	39	3		Marasmus.....			36
Consumption of the Bowels.....	1			N'ur'lgia of the Heart.....	1		
Convulsions.....	12			Obstruction of the Bowels.....	1		
Croup, Membranous.....	1			Old Age.....	8		
Croup.....	1			Paralysis.....	4	1	
Cyanosis.....	1			Poisoning.....	1		
Debility.....	6			Purpura Hemorrhagica.....	1		
Diabetes.....	1			Rheumatism.....	2	1	
Diarrhoea.....	2			Shock.....	1		
Diphtheria.....	6			Septicæmia.....	2		
Disease of the Brain.....	1			Sore Mouth.....			1
" Heart.....	8			Softening of the Brain.....	1		
Drowned.....	5			Suicide.....	1		
Dropsy.....	3			Tabes Mesenterica.....		1	
Dysentery.....	1			Tetanus.....		2	
Epilepsy.....	1			Tetanus.....		3	
Erysipelas.....	1			Tumor.....	4		
Exophthalmic Goitre.....	1			Ulceration of the Bowels.....			1
Fatty Degeneration of Heart.....	1			Ulceration of the Stomach.....	2		
Fever, Malarial.....	1			Uræmia.....	5		
" Puerperal.....	1			Whooping Cough.....		3	
" Scarlet.....	2						
" Typhoid.....	11	3					
Gangrene.....	1			Total.....	177	210	

The Times and Register.

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Original Article.

A NEW STATIC INTERRUPTED CURRENT.

[My new system of therapeutic administration of static electricity based upon the principle of potential alternation.]

By S. H. MONELL, M. D.
NEW YORK CITY.

I HAVE for some time employed with satisfaction to my patients and myself a new method of applying static electricity, of which I have seen no account hitherto published. It is my purpose to lay before the profession, the results obtained by this method.

Following the well-nigh total eclipse of the earlier static machines by the less cumbersome galvanic and faradic batteries, the latter were constantly improved and rendered practical, while the static machine stood still. The methods of applying static electricity are the same now as when Dr. Steavenson described them in 1778, with one exception.

In 1889 Dr. H. McClure of London described a method as follows:—"A Leyden jar is attached by means of a hook to each conductor of the static machine.

To the outer coatings of these jars are attached a pair of ordinary conducting cords with moistened electrodes. The poles of the machine are now separated very slightly, giving a short spark; during the passage of each spark an induction current is sent down the cords and received by the patient who need not be insulated; nerve and muscle may thus be acted on in exactly the same way as in the application of faradism." In an article in the *Medical Record* of January 24th, 1891, a similar method is described by Dr Morton, and usually referred to as "Morton's induced current."

In an interesting review of "static electricity in medicine" by Dr. A. L. Ranney, in 1887, this distinguished author observes,—"the greatest event after its discovery, in the century-long history of medical statical electrization, was the invention of the Holtz or induction machine in 1865; next in importance perhaps was the discovery of the static induced current, and the pistol electrode is the only novel electrode of any importance not bequeathed to us by the medical electricians prior to 1880."

This ingenious electrode has not been found to be an essential part of a static out-

fit however, and is now obsolete. The so-called "induced current" necessitates a change in the adjustment of the machine,—the baring of the surface to which it is applied; and though valuable, and capable of special service in gynecology, it is neglected in general practice. It will be seen that the term "induced" is misleading, since it implies a secondary or helix quality that does not exist, for as a matter of fact all current electricity furnished by the Holtz *induction* machine is "*induced*," and the current which reaches the patient by this method differs from the usual static charge only in including the patient in the circuit, and in having the current interrupted and its strength modified by the approximation of the poles.

In the method which I shall now describe no change is made in the adjustment of the machine or in the patient's clothing. I employ simple electrodes made for me by the Waite & Bartlett Manufacturing Company, who have for more than a decade led in the improvement of the Holtz machine. The patient is seated upon the platform, and after being charged in the usual manner his potential is suddenly reduced to zero, by the approximation of an interrupter to the conducting rod. A succession of alternations between a high and zero potential may now be maintained as rapidly or slowly as desired.

The interruptions may be regulated at will from one in any number of seconds to any number per second, and by fixing the interrupter on a standard the application becomes automatic and does not require the operator's constant attention.

In my hands this method serves me as an agreeable substitute for the static spark. Remarkable as it appears, the more or less disagreeable and often painful, and to some intolerable, spark, has been for more than a hundred years the main therapeutic reliance in the static treatment. Many a patient has been lost by the incautious use of sparks on a first visit. It was the desire to avoid the disagreeable features of the spark application that led me to develop my new system of potential alternation. It is painless, simple and effective. As a general nutritional treatment it leaves

nothing to be desired that could be obtained by sparks. By the application of conductors I localize it to any part as large or small as I wish. By slowly repeated powerful interruptions the effect is made exceedingly stimulating, while the more rapid the interruptions the finer and more sedative the effect. It can also be made to produce a most exquisite yet easily borne counter irritation. I find it to answer well for all the general and many of the special and local indications for sparks, while it seems to lack little of their peculiar power to rapidly remove localized pains deep seated in fibrous tissue. I have tested it in many ways and the possibilities of its successful application grow apace with experience and ingenuity in using it. It does not altogether enable me to avoid the use of sparks, but a comfortable method which will produce identical results, in many of the cases to which the spark is applied, cannot fail to be a source of relief and gratification to both physician and patient. Whatever of therapeutic value is imparted to galvanic and faradic currents by "interruption", must also be imparted to the static current, and the speed of the interruption of the static current can, by my method, be made to cover a greater range than any faradic vibrator yet invented. When administered merely for its general nutritional effect it is exceedingly suggestive to note the visible oscillations of the patient's hair, to feel the vibratory commotion in the surrounding atmosphere, and to consider the molecular disturbance and alteration of nutrition which must be going on in every part of the electrified body, since the potential inside a conductor has the same value as at any point on the surface.

And this alterative commotion among the tissue cells, quickening the protoplasmic activity, is carried on so mildly that the patient is conscious only of the gentle breeze. As regards local applications to give muscles work and stimulate contractions I have found my method of practical service, and this too on certain days when, from atmospheric conditions, no spark could be drawn through the patient's clothing. Patients coming in with damp garments on rainy days

have been successfully treated when, had I depended on sparks, I should have been left without resource. In order to estimate the relative value of an interrupted current and vibrating potential as a therapeutic application of static electricity, we have only to compare it with the three classical methods in general use, insulation, breeze and sparks, and with the so-called induced current. As to insulation, my method incorporates it, but attacks its constant potential by means of the interruptor and imparts to it a succession of stimuli which must inevitably quicken functional activity. As to the breeze, its use is limited to the head or thinly clad surfaces, it being imperceptible through ordinary apparel. Sufficient comparison with sparks and the induced current has already been made.

The experience of a century has given us no other general method. It is evident therefore from a mere glance at the extremely limited variety of static applications and the limitations of each, that a new method of practical simplicity and extensive therapeutic range is a desirable contribution to static treatment. It can be applied to the whole or any part of the body without change in either machine or patient and employs electrodes as simple as those in common use. A careful review of such records as have been available does not disclose any reference to any similar system of applying static electricity; and it may be properly claimed that this method is original with me.

A few cases may be cited to illustrate this method.

Miss —, severe frontal headache, involving eyes. Treatment—rapid potential alternation four minutes. Result, complete relief.

Mr. —, chronic articular rheumatism in small joints of foot. P. A. slow, followed by rapid interruptions for ten minutes, relieved pain better than sparks, and was far more agreeable.

Mr. —, aged 65, complained of malaise, neurasthenia. P. A. for one-fourth hour, removed languor and imparted a feeling of restful buoyancy.

Mr. —, age 57. Rheumatic paralysis of arm, was unable to elevate to level

of shoulder. After P. A. for one-fourth hour he regained full motion.

Mrs. —, chronic rheumatism in right arm, loss of power nearly complete. Extreme nervous debility, sleep much broken by nocturnal pains. Treated by general P. A., also local to whole arm. Is much improved, less nervous. "Combed her own hair for the first time in four years, and slept the night through without pain."

Mr. —, Lumbago, garments damp, rainy day, could not draw a spark. Applied P. A. locally, gave relief in five minutes. Had been treated elsewhere by sparks. Expressed better satisfaction with this method.

Miss —, chronic chorea of 44 years' duration. This interesting case had its origin in a fright when six years of age. Is now fifty, single. Weight 105 pounds, extremely nervous, head and right arm affected, head would play a tattoo on the pillow half the night before she could compose it for sleep. Arm nearly powerless. No appetite, dreaded the observation of strangers, and lived a secluded life. Had constant pains in occipital and lumbar regions.

After one month during which she had only ten treatments she reports. "Owing to illness in the household I have had to assume duties much beyond my strength, so that I have been unable to do justice to my own health. I have, however, gained three pounds, sleep composedly, am hungry for every meal, go out alone freely, do not mind the gaze of strangers, am less nervous, can use my arm for many little services, can stoop and pick up an object from the floor, a thing I never did in my recollection until now.

"I have had no pain in my head and back since the second week of treatment and the constant sense of nerve strain which I formerly had is entirely gone so that I have more comfortable rest than at any previous period of my life."

Upon results like these are based the claims of my new method to the consideration of the profession. I am now engaged in a series of observations as to the effects upon pulse, temperature, etc., which I hope to make known later.

OLIVE OIL VERSUS GALL-STONES.

By LOUIS LEWIS, M.D.

SOME months ago I attended a middle-aged man whom I found in an urgent state of prostration. His pulse was below 20, and hard to find; the surface was bedewed with a cold sweat, and consciousness was fast departing. His wife informed me that his condition was the sequel to a prolonged spell of excruciating pain in the abdomen and right side, which had fairly "doubled him up" and caused him to roll around in agony. Hot bottles, mustard poultices, a stimulating enema and whisky brought him to, after some trouble; and examination revealed much tenderness and some swelling under the border of the liver, over the site of the gall-bladder and biliary ducts. Nausea and vomiting had been constant, and the bowels confined; the tongue was clean, the temperature not high, there was no jaundice, but the urine was bile-colored. This was evidently hepatic colic, due to the passage of gall-stones; and as another paroxysm was now on hand, a linseed poultice was applied over the right hypochondrium, and olive oil—an old-time remedy—administered internally, the best part of a tumblerful, and was retained. No medicine was given; but following the suggestion of Dr. McCourt, of New York, the patient was placed on his right side, and the pelvis elevated to help the passage of the oil to the obstructed part, and to invite regurgitation. In about twenty minutes complete relief was experienced, which held during the remainder of the day, and a saline draught on the following morning brought away quantities of small gall-stones. These were genuine biliary calculi, as affirmed by the patient, who claimed them as old acquaintances, he having passed them and seen them many times before, *though he had never taken oil*; so they may not be confounded with the soft fatty bodies that oil is said to frequently produce, and which simulate the simon pure. As the patient had suffered from these hepatic colics periodically, I advised him to take the oil every day, as a prophylactic, though not in such unpleasant doses. I also recommended sardines, salads and all such foods as contain or are saturated with

oil, to be included in his daily diet, and he has been free from gall-stones up to now, a consummation that he has not attained for so long, (though devoutly wished for) in many years. As a rule women are more prone to these troubles than men, and it is worthy of note that the Jews (male and female) who habitually consume large quantities of olive oil, in the cooking of fish and other foods, rarely require treatment for the passage of gall-stones.

2011 ARCH STREET.

PARALDEHYDE HABIT.

By STEPHEN LETT.

[Medical Superintendent, Homewood Retreat, Guelph, Ont.]

THERE appeared in the August 19th number of THE TIMES AND REGISTER the report of a case of paraldehyde addiction, which appears to be the first on record. As this drug is being largely prescribed for the relief of insomnia, and as the assertion has been made that "a habit cannot be formed owing to the disagreeable odor and taste of the drug." It seems desirable that cases of this addiction should be reported, I therefore send you the following:

T. H. B., aet. 31, male, single, druggist, came under my care Dec. 15, 1890, for treatment of paraldehyde addiction. He had been troubled with insomnia for many years to relieve which he took chloral, in order to discontinue the chloral he substituted paraldehyde, and has been taking this latter daily for about three years. At the time of admission it required $\bar{3}$ iiss per diem to sustain him, and he presented the following phenomena: Nutrition bad, body much emaciated, stomach irritable, appetite gone, tongue heavily coated with a white kid-like coating—bowels, skin, and kidneys active. Breath and perspiration had a strong odor of paraldehyde, urine upon standing separated out numerous large globules of the drug which floated like oil on its surface. Heart weak and irregular, pulse soft, 100. He was very nervous and irritable, muscular tremor marked, gait ataxic, could not walk unless supported by an attendant on each side of him, speech paretic, marked mental enfeeblement. Sleep under the action of the drug good. Sexual appetite lost—no control over the

sphincters. In fact he presented the appearance of a paretic dement in the stages of approaching mental and physical oblivion.

Upon tonics and the gradual reduction plan of treatment he made an excellent recovery.

Some differences in this case from that reported by Dr. Elkins above referred to may be noted.

Dr. Elkin's Case.	Dr. Lett's Case.
Hunger excessive.	Appetite lost
Bowels constipated.	Bowels relaxed.
Mental excitement.	Mental depression.
Hallucinations of sight and hearing.	No Hallucinations.
Delusions numerous.	No delusions.
Sensory symptoms marked.	No Sensory symptoms
Duration of habit, 26 months.	Duration of habit, about 3 years.
Quantity of drug consumed ounce xvi per week.	Quantity of drug consumed ounce xviii per week.

I should like to see other cases reported.

AUG. 26, 1893.

FOR CONJUNCTIVAL INFLAMMATION.

Among ophthalmic surgeons, solutions of boric acid with or without the addition of a certain amount of borax are in constant use for inflammation or irritation of the conjunctiva. The beneficial influence exerted by them is strictly confined to the conjunctiva. In inflammation of the deeper structures of the eye, they are useless. A common proportion is

Boric acid three parts, [12 grains.]
Distilled water, 100 parts, [1 fluid ounce.]

In water at ordinary temperatures, boric acid is only soluble to the extent of about 4 per cent., and to prevent any deposit, it is necessary to prescribe less than would make a saturated solution. As far as any excess of action upon the conjunctiva is concerned, it may even be applied in the form of powder, provided the powder is sufficiently fine (impalpable) without provoking irritation.

Where borax is added, it may be in the following proportion :

Sodium biborate 1 part, [4 grains]
Boric acid 3 parts, [12 grains]
Distilled water 100 parts, [1 fluid ounce.]

Borax is much more freely soluble in water than is boric acid, but cannot be used in anything like saturated solutions without causing severe conjunctival irritation.

It should be born in mind that boric

acid, despite its name, is really slightly alkaline in reaction, and the addition of the sodium salt renders the solution very decidedly alkaline. Such an addition increases the cleansing power of the solution, and renders it more efficient as an antiphlogistic in cases in which there is any appreciable conjunctival discharge.

These solutions are often spoken of as antiseptics, but they have very little reason to be so called. For any antiseptic effect, probably their most important ingredient; and this may be true of many other so called antiseptic solutions, is the water they contain.

They are simply cleansing and soothing in their action and may be used in all cases of conjunctival inflammation with the greatest freedom and without danger of injury. For slight hyperemia or irritation, indicated by burning, itching, or smarting of the eyes, five or ten drops is usually ordered to be used three or four times per day. Where there is marked purulent discharge, the solution is to be used by the drachm or half ounce every hour, or so often as is necessary to keep the conjunctiva thoroughly cleansed with it.

The application of such a solution is not followed by any smarting, burning, or increased pain of any kind; but usually by a very notable relief from such sensations. The solution of boric acid is on many accounts an admirable placebo, and it is to be born in mind when a placebo is required, yet it has a positive soothing and cleansing action.

It answers well as a vehicle for the mydriatics or myotis; although it has little or no power to prevent the growth of the low vegetable forms that are liable to infest such solutions, when kept long at ordinary temperatures.

—Jackson, in *The Polyclinic*.

NOT IN PHILADELPHIA.

While a woman was waiting for two hours and a half at the London Hospital her baby died in her arms. She applied to the coroner, who ascertained from the phpsician that the child was in a dying state when brought to the hospital. In his opinion, therefore, no blame was attachable to anyone, a view in which the jury concurred.—*Med. Press*.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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TREATMENT OF THE MORPHINE HABIT.

THE morphine habit is difficult of eradication. The percentage of reformed drunkards is greater than that of reformed morphiomaniacs. The harmful drug has become a necessity. If withheld, every cell of his organism cries out in distress. The harmonious exercise of function cannot be maintained without morphine; the organs have, in fact, adjusted themselves to a new and artificial condition in which the great element of equilibrium is that deadly alkaloid. Hence the removal of morphine gives rise to an all powerful organic craving.

There are two methods of leaving off: the sudden method, and the gradual method. Levenstein is the conspicuous advocate of the sudden method, which theoretically is the best. The supply of morphine is at once stopped and forever. It is to be remarked that this

method of leaving off in alcoholism is generally the best. But in respect to morphinism, the practical difficulties in the way of sudden suppression are very great; dangerous collapse is likely to ensue, and wild and maniacal delirium; and the treatment can only be carried out in an institute where the patient can be properly watched and guarded.

The gradual method advocated by Berkhart, or the modification first proposed by Erlenmeyer, and called by him the quick method is the one in use by most specialists.

Dr. J. B. Mattison, of Brooklyn, New York, has published still another method, which he calls "the American method," in which the patient is kept drugged with bromide of sodium during the whole of the withdrawal period. His initial dose is thirty grains twice daily at twelve hour intervals. He increases the amount twenty grains and continues it eight days, reaching a maximum of one hundred grains twice in the twenty-four hours. During this time of bromal medication, the usual opiate is gradually lessened, so that from the eighth to the tenth day it is entirely abandoned.

There is nothing really new about this treatment, except the large and long continued dosing with bromide of sodium. The attempt during withdrawal to substitute some other nerve-remedy for the morphine is common to all systems of treatment. As for bromide medication it is also a part of the Erlenmeyer system, of which I have had the honor to be an exponent in this country, although Erlenmeyer does not give bromide systematically, and as an essential part of routine.

I do not consider myself qualified from experience to criticize what there is *special* in the Brooklyn treatment. I should expect to find difficulty in giving such heroic doses of bromide of sodium. A certain proportion of the patients

would not be able long to continue the treatment without considerable gastro-intestinal irritation and other symptoms of bromism. If I were a morphinist, and had made up my mind to quit the habit, I would rather fight it out without these large doses of bromide, which can only stop the terrible hankering for morphine by overwhelming the entire nervous system with a depressing paralyzing empoisonment. It may be that the induction of physiological imbrutement may be the reduction of the suffering of withdrawal to the minimum, but I would prefer myself not to obtain analgesia at such a price. Let no one tell me that an intense bromic depression is no suffering! Moreover, there are urgent indications (as those furnished by collapse, diarrhea, etc.,) which bromide cannot meet; and other remedies, such as are in use at all the institutes, will be needed, strychnine which acts on the economy in a manner widely different from bromide will often prove a powerful auxiliary; and the physician will often find it for his advantage to give less of the bromide and more of such little depressing hypnotics as sulphonal and urethan.

In short, I have insisted and still insist that there is no easy and royal road to health and restoration for the poor morphinist, and that to him the words of Virgil will always prove true: "Facilis descensus Averni, sed revocare gradum, superasque evadere ad auras. Hic labor, hoc opus est."

E. P. H

Annotations.

DEPOPULATION OF FRANCE.

FRANCE is turning her attention earnestly to the question of depopulation. At the congress of scientists and political economists just held, the following plan was outlined:—1. A tax is to be imposed on childless men. 2. The land tax is to be diminished with the

birth of each child. 3. The parent is to be allowed to leave the bulk of his property to one son. Under the existing law the land is divided equally among the children. The result has long since been to cut up the land into the smallest tracts capable of supporting a small family. This has caused the garden-like cultivation by which the greatest possible yield has been obtained from the soil; but it has also led to the limitation of the family, as the peasant saw that the limit of soil productiveness, and of subdivision had been reached.

Not long since we spoke of this matter and showed that the law of primogeniture had its advantages, even when carried to an undue extent, as it is in England. With proper limitations it would go far toward obviating the difficulty now being considered in France. If the parent were permitted to leave all his property to one child, provided the amount were not more than a modest competence, but all above this were to be divided, the benefits of primogeniture would be secured without its disadvantages.

RAILWAY SURGERY.

IN the *Railway Age*, Dr. R. Harvey Reed quotes an editorial on Railway Surgery, (see *Times and Register*, July 29, 1893,) and makes the following reply:

"Whilst Dr. Waugh has evidently misconstrued some of the statements made in the above address yet we wish to thank him for the criticisms and the space he has given in his journal to the discussion of railway surgery. We do not and did not in the article referred to claim that all spinal injuries are imaginary, but we do hold, that a large majority of the claims brought against railway companies for so-called 'spinal injuries' are fraudulent in some respect or another, and it is one of the objects of the various associations of railway surgeons in the United States to study this intricate and perplexing problem, for the purpose, as has been above said in this address, of differentiating between the true and the false spinal injury. We are glad to say that each and every association of railway surgeons in the United States, from the local to the state,

the district and the national is, and we believe is honestly and earnestly, engaged in studying how to "combat these claims," and by "these claims" we mean the fraudulent claims which Dr. Waugh admits should be combated when he says that "we are as much opposed to mulcting railroad companies for undeserved damages as is Dr. Reed, and the physician who assists in any such plundering schemes shares the moral responsibility of a dishonest action. Then why should he condemn the appointment and maintaining of a surgical staff by each railway company just because they are endeavoring to combat and prevent fraud, which is a laudable and considerable undertaking according to Dr. Waugh's own statement.

"No surgeon is or should be more interested in giving a patient the very best, the very latest and the most scientific treatment for railway injuries that it is possible for him to command, for his own reputation and the interests of the company are at stake as well as the interest and personal comfort of the patient, and to advise as Dr. Waugh does that "that the best thing for the victim to do is to get himself out of the hands of the railway surgeon as quickly as possible and under the custody of a surgeon whose sympathy lies with the patient or who at least is actuated by a desire to see justice done, irrespective of his sympathy," is to offer a delusion and a snare, certainly a delusion on the part of the author and evidently intended as a snare for the patient. If the various associations of railway surgeons were organized for defrauding justice or trampling on the rights and comforts of the unfortunate "victim" then he might be justified in saying that such treatment "is repugnant to the instincts of common humanity and those of the medical profession" and that "the ministrations to the wounded are made by an individual who is simply one of a corps organized for the protection of the company against the patient;" which under no circumstance is the case except when the patient is a malingerer and a fraud who is scheming to obtain money under false pretenses, which has so often been the case, as every one who is connected with a railroad knows.

"We agree with Dr. Waugh when he says 'the only strictly professional ground for the physician is that of the impartial judge,' or rather professional servant, but we do not agree that this position is 'incompatible with the position of a paid employe of the railroads unless under a management more highly enlightened than the average 'soulless corporation.' No more humane treatment and impartial care can be given than is received as a rule by the person injured on a railroad which has adopted and maintains the highest class of surgical service, among which class are some of the best roads in the country. To maintain that because a railway company employs a skillful physician or surgeon to care for its wounded this disqualifies him to give the best of service is just as unreasonable as it would be to claim that because the United States employ a "military surgeon" to look after the wounded in times of war who are liable to become pensioners of the government as the result of injuries he was disqualified to give the best of care to the wounded soldiers and therefore the government should employ civilians wherever they could be found in times of battle, just because they were disinterested. Such reasoning is the extract of absurdity boiled down."

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Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

RETENTION OF URINE.

I HAVE a patient, a young lady, aged 24 years, weight 140 pounds. Has the appearance of being well-nourished. Five years ago she was sick with what she informed me was pneumonia. The history of this illness was, as I elicited it ;

she had cystitis, sore throat, sore mouth, and a rash over her entire body; the hair afterwards falling out.

In the summer of 1892, she suffered from retention of urine, frequently not voiding urine for forty-eight hours. She took no treatment.

The 16th of last June I was called in great haste and found her suffering from complete retention of urine, bowels obstinately constipated, appetite poor, mouth sore, lymphatic glands enlarged, pulse, urine and temperature normal, complaining of nocturnal pain. I catheterized her twice a day for two weeks, when she became able to void her urine unassisted. Three days later I was summoned again, and found a renewal of the retention. At this writing all symptoms have disappeared except the constipation and retention of urine. The bladder is very much enlarged.

At one time, being called out of the county, and notifying my patient of my departure, I was very much surprised on my return, fifty-two hours later, to learn that they had not called another physician, and that she had not voided urine but was suffering no pain. The bladder was enormously distended, and had risen above the pubes.

I have been catheterizing her twice daily, and have tried almost everything in the pharmacopeia, for the retention of urine, both local and general, and have entirely failed.

As my treatment has been a failure, as far as retention of urine is concerned, I will not give it.

At the beginning I instituted specific treatment and am still maintaining it.

If any of my brother physicians will give me some suggestion I will be very grateful.

McA.

STERNAL TENDERNESS AS A SIGN OF SYPHILIS.

IF you can spare the time, please tell me in a few words, what, if any, reliance you place on tenderness of the lower end of the sternum as evidence of specific infections.

In former times, among sailor men, I placed a good deal of faith in it; but in recent years I see cases that stagger me.

For instance: the other day, a lady above 60 years of age, a widow since the war, living in her son's family, all being eminently respectable, presents the following symptoms—occipital pains, extending down the neck and over the shoulders, tenderness of cervical spine, spine of scapula and lower end of sternum—combined with more or less numbness. I see quite a number of cases having the general condition similar to the above. They are generally women, may be old or young, and usually more or less anemic, but do not often combine numbness with the other symptoms, I dare not call them specific.

E. D. P.

[This symptom, like the small round scars on the body, has been given undue importance. That both are evidences of syphilis may be admitted; but that they are never to be found except in specific cases is too wide an assertion. An instance occurred lately, where the scars were relied on, in the absence of all concomitant indications, and of any syphilitic history. The patient was subjected to specific treatment, to his detriment. And yet every scar was accounted for satisfactorily; some by furuncles and others by accident. Just so, while admitting the value of sternal pain as a diagnostic indication, I would not base an opinion upon it without some other support. In anemic women especially, with tender spots along the spine similar sensitiveness may frequently be found at the sternum. If there be any doubt as to the matter, a course of iodide of iron is perhaps the best tentative treatment, with hydriodic acid. The observation made by our correspondent is of considerable importance; as undue faith placed in this symptom, when unsupported, is apt to lead one into therapeutic measures that would do much harm.—W. F. W.]

CONTINUED FEVER.—SALINE TRANSFUSION.

HAVING made an inquiry of you some time since in regard to the treatment of continued fever, and having learned something new, to me at least, I thought I would communicate it to you.

I was using this saline infusion to compensate for the loss of blood, when the high fever followed on with so complete an intermission.

Woman aged 40 years, with fever of a mild grade, continued for two weeks, when it became complicated with intestinal hemorrhage, copious and hard to control with ordinary means, until she was very much reduced; which induced

me to try saline transfusion after Dawbarn's technique. The pulse and temperature at this time was, pulse 108, temperature 102° F. In three hours after using the saline transfusion the pulse was 120, the temperature 105°; in eight hours the pulse and temperature went to normal, and by the free use of quinine, capsicum and opium I broke the fever, the patient getting well. What I wish to say is that the sudden rise of pulse and fever induced me to believe strongly that the saline transfusion will interrupt a continued fever, and when that is done, it is no trouble to break it. I still think the continued fever of the south-west is malarial, from the fact that these fevers running four and five weeks eventually become periodical.

M. M. GILBERT, M.D.

MESA, ARIZ.

INSULAR SCLEROSIS.

WITH fears that I can get little or no help in the following case, yet I ask your opinion as to diagnosis and treatment.

Man, aged 57 years; farmer, hard worker for many years, father of a dozen children. Four years ago this month, while walking to his work after dinner, he was suddenly attacked in the right leg with motor paralysis, and numbness and stinging in leg, heel interfered, and leg unwieldy. There is no loss of sensation, little or no atrophy, no bowel nor bladder complications at any time.

In three months after the attack the leg began to shake. In one year the arm on the same side began with a like tremor, and both have continued ever since, with a gradual augmentation of the tremor, and very marked weakness in these limbs. There is decided anemia. He walks at will, but the flexor muscles do not obey volition, even so well as the extensors.

I have diagnosed insular sclerosis. Am I correct? After the first application of the galvanism to the sympathetic ganglia and spine (anode to these parts), the tremor which was constant before was almost absent from the arm and quite so from the leg, until he made

voluntary efforts; and he rested decidedly better the following night.

TRUMAN COATES, M.D.

[The diagnosis is doubtless correct. In the present stage of the disease it is questionable if any treatment will be more than palliative, though the best results will attend either the application of powerful galvanic currents to the center and periphery by means of large well soaped absorbent cotton pads, the anode to center, or preferably by the use of static sparks to the parts daily. The prognosis as to cure is gloomy in all centric disorders accompanied by tremor.—G. B. M.]

PNEUMONIC PHTHISIS.

I WRITE to you to learn the latest and best treatment for tuberculosis. My daughter, nineteen years of age, had an attack of catarrhal inflammation of the lungs. This was four months ago. I was in Chicago at the time. Her attending physician tells me her temperature ran very high and her breathing was difficult; a hard and excessive cough with a copious, purulent expectoration. He put her on the following treatment: creasote, terraline, hypophosphites. The cough and expectoration rapidly subsided, and at present she has no cough nor expectoration; and there has been much improvement in her case. She is not emaciated, but has regained her normal weight and strength. The most suspicious symptom of tuberculosis is a persistent evening alteration of temperature, though it does not reach one hundred. The temperature still persists after a thorough saturation with antipyretics. The antipyretic treatment has been so efficiently carried out that all the malaria has been eliminated from the case. I am giving her U. S. P. hypophosphites, terraline, beech-wood, creasote. She takes fifteen drops of creasote three times a day. Please give me your opinion in regard to the proper treatment for her case, and confer a great favor on

F. M. B.

[Unless bacillus tuberculosis is found in the sputum, I would substitute the iodide of iron for creasote. Anyhow, give cod liver oil instead of terraline. If the latter be, as purported, a petroleum product, it is utterly inert as a nutriment: the fat of the petroleum not being assimilable: while if it contains an organic fat, none is as good as cod-liver oil. Scott's emulsion often seems to work wonders in these cases. I would continue the other treatment. Feed well, counter-irritate

chest with iodine, and send her to San Antonio, Southern Pines or Denver. It looks like a chronic interstitial pneumonia, and if so, the chances of cure are very good; especially with a father as physician to watch the little points occurring in the course of the disease.—W. F. W.]

SEVERE INJURY OCCURRING DURING SLEEP, CAUSE UN- KNOWN.—CYCLING

ON Thursday, July 6th, a boy of sixteen was brought to my office, feeling very sick and faint, and complaining of pain in one arm, shoulder and the chest on that side. Upon examination I found his arm, shoulder and the corresponding side of his chest very much discolored. There were small ecchymosed patches and large, deep, black and blue spots, which did not fade upon pressure. He said he found himself in that condition as soon as he awoke the morning after the fourth, and had been getting worse ever since; that he had received no injury of any kind and had drank nothing intoxicating on the fourth. I told them I was perfectly ignorant of what caused his trouble, and gave him some Dover's powders, as he was complaining of the pain.

They took him to his home near Wellsboro, Pa., and called Dr. Webb, of that place, who made a diagnosis similar to the one I gave. The patient died July 8th, and a few days later the man that brought him to my office came and told me what he thought caused the trouble. The boy had been suffering a long time from boils, he said, and was advised to take lead as a sure cure. He extracted some balls from cartridges and chopped them up, all green from the copper of the shells, and swallowed them. This was a few days before he first complained as described above. Now I would be glad if our talented editor or some other member of the Bureau would give a diagnosis of this case. Was it blood poisoning, or some form of purpura?

I would like to say something about cycling. A wheel that sells now must be very light, the brake and all superfluous appliances that weigh a drachm must be left off; it must be high geared with high seat and low handle bar. That is the model bicycle of to-day. Such a wheel is unsafe to coast upon, so

much so that coasting is out of fashion. To ride one of these bicycles, one must get a big hump on his back and assume a very uncomfortable position.

I have an 1893 Columbia, model 32, and have the handle bars high, so that I can sit perfectly erect, in the most natural position; and I am not exaggerating when I say that it tires me more to ride twenty miles in a carriage than it does to ride my wheel that distance. No one but a wheelman knows with what ease one can glide along at a rapid pace.

My advice is, to never ride a wheel that you cannot sit erect upon, and always avoid too violent or prolonged exercise. It promotes deep breathing better than climbing hills. Now if they avoid chills, why should not consumptives ride?

JAS. T. HURD, M. D.

GALETON, PA.

[Such symptoms of local injury could not be attributed to either lead or copper directly. If your patient has been strictly truthful and told the whole of the truth, I would attribute the injury to an attack of nocturnal epilepsy, with a fall. It is a pity a post-mortem examination was not made; especially as there is possibly a crime underlying this singular affair.—W. F. W.]

LEG-ULCER.

MY son, aged ten years, fell off a pair of stilts and had a small scratch, which developed into a sore, six weeks ago. The sore is over the gastrocnemius muscle. I have given iodoform and locally use aristol. I now have him on iodia and am using iodide. I have sent him to the mountains and hear the leg is worse. The ulcer is about the size of a silver dollar; not deep seated. I would take it as a great favor if you will advise me, as I am anxious to get him well, so that I can take him to Chicago.

He had more or less malaria and the least scratch would fester. Hereditary history good.

W. D. T.

[That healing does not recover under such well-selected local treatment can only be because the boy's health is below par. Give him iron, quinine, wine, cod-liver oil, good nutritious food, and digestants; all in old-fashioned "allopathic" doses. Inject ten drops of bovine at six spots around the ulcer, about an inch from the margin, with the strictest antiseptis. Wash the ulcer with dilute chlorinated soda solution, dry carefully, and powder with bismuth. Then strap the leg, so as to support the margins of the ulcer, and keep the boy at rest.—W. F. W.]

SHOULD A DOCTOR TREAT HIS OWN WIFE.

WILL Dr. Waugh kindly advise me whether it is the custom, when a physician's wife is confined, to call a brother physician, or does the doctor attend his own wife?

J. C. E.

[In some states the law forbids the physician attending his own family. It should be so in all. The personal interest of the physician unhinges his judgment, and leads him into vacillating and changeable ways of treatment, and disaster is likely to result.—W. F. W.]

GRAVEL.

I HAVE a persistent case of gravel on my hands. I would be pleased to have you to give me your treatment for gravel.

[Let the patient drink freely of a mild lithia water. I prefer the Elkton, as I know personally of cases cured by it.—W. F. W.]

THE TREATMENT OF THE MORPHINE DISEASE.

TO any who may desire it. I shall take pleasure in sending a paper, giving in full detail a method of treating morphinism, that is simple, satisfactory and successful; and far in advance of any mode yet presented to accomplish the cardinal objects, minimum duration of treatment and maximum freedom from pain.

J. B. MATTISON,

Medical Director, Brooklyn Home for Habitues.

The Medical Digest.

PETROLEUM AS A CURE FOR DIPHTHERIA.

It is reported that Dr. Flahaut, a physician practising at Rouen, has met with great success in the treatment of diphtheria by means of petroleum. Out of seventy cases attended by him since last winter he treated thirty with the ordinary remedies, with nine deaths. The remaining forty were treated with petroleum, and there was not a single death. Dr. Flahaut is convinced that painting with petroleum has a particularly efficacious result upon the membranes; it is easy of application, and it is not attended by

danger. The Medical Society at Rouen it is said supports this view, and considers the discovery to be one of the greatest importance.—*Med. Press.*

A MODIFIED CANNON-BALL TREATMENT OF OBESITY.

Dr. Felkin, of Edinburg, uses an India rubber ball, three and one-half inches in diameter, almost filled with five and three-quarter pounds of shot, in the treatment of chronic constipation, anemia, and obesity. The patients are instructed to roll the ball from right to left round the abdomen for five or ten minutes night and morning. One of his patients had lost ten inches in girth after five months' regular use of it. A rather smaller ball, with a less quantity of shot, he finds very useful in inducing a regular action of the bowels in young girls, who so frequently suffer from habitual constipation; this plan obviated the need for constant dosing.—*Med. Record.*

THE CONGRESS ON TUBERCULOSIS.

M. Armaingaud related the results obtained by the "League for the Prevention of Phthisis and other Forms of Tuberculosis." Its object was to popularise the instructions recommended by the Congress by conferences given not only by medical men, but by teachers of both sexes in the schools throughout the country, and the free distribution of printed instructions on the same subject. Professor Verneuil presided at the conferences given in Paris, others were given in the large towns by some members of the hospital staff, while those in the country districts were mainly given by the school teachers, who acquitted themselves very creditably. The speaker proposed that the 75,000 teachers in France be invited to join the League, as their help would have a great influence in spreading amongst the public elementary notions of the danger of consumption which is spreading havoc in the country. Another speaker thought that it would be necessary to institute an inquiry as to the sanitary condition of all the third-rate hotels and boarding houses in the cities, and expressed his regret that the Sanitary Committee did not include tuberculosis in the list of contagious diseases, the notification of which

will be obligatory on and after the 1st December of the present year.

M. Petit drew attention to the danger resulting from the promiscuous assembling of consumptive patients in the wards of the hospitals. Special wards should be built for them, as they form about one-third and even the half of the total number of patients in treatment. The Assistance Publique decided on creating a special hospital for this malady, and he hoped it would be built in some country district, that the wards would be small but numerous, and that patients in the third stage would not be in relation with those in the initial stage.

M. Hayem regretted that the hospitals only received tuberculous patients when all chance of a cure was gone, unlike what is met with in private practice, where, the affection, being discovered at an early period, can be treated with some hope of success.

M. Arthaud said that the prognosis of tuberculosis was a very delicate subject. Two great factors should be considered organic denutrition on the one hand and the extent of the lung mischief on the other. The first is discovered by the weight of the individual. In general a consumptive patient who has lost a third of his weight is in great danger. The extent of the pulmonary lesions will be easily recognised by auscultation, percussion, and the state of the pulse. This latter never reaches 100, 110, 120 in the minute unless when the lung is greatly damaged; a pulse of 120 signifies the total loss of the lung.

M. Weill gave an account of the results of his experiments with guaiacol in subcutaneous injections, and which were on the whole satisfactory. By means of an ordinary Pravaz syringe he injects a solution composed of equal parts of sweet almond oil and guaiacol. A quarter of a syringe is injected at first, but two, four, six and eight syringes are injected daily after a short time. He treated thus 82 patients: 62 were considerably improved; 27 of these latter may be considered as cured.

At the close of the Congress the secretary put to the meeting several propositions on the part of members present, amongst which the following received the sanction of the Congress:—

1. That butcher's meat should not be delivered for consumption unless it was verified by the sanitary inspector.

2. That the public schools should be furnished with a sufficient number of spittoons, so that the children should not spit on the floor. Instructions should be given to the teachers to that effect. It may be here stated that by order of the Prefect of Police a notice has been posted up in every omnibus in Paris forbidding to spit on the floor of the vehicle.

3. That every animal presented at an agricultural show should be previously submitted to the tuberculine test.

4. That the heads of the different Faculties should invite the school teachers to help in the propagation of the prescriptions against the contagion of consumption.

5. That the bodies of those who die from phthisis should be disinfected before being interred.

6. That phthisical patients be received into special hospitals, and not be allowed to mix with other patients.

7. That an apparatus destined to sterilise all suspected meat should be placed in every slaughter-house, so that it could be used without danger.

Before separating, the Congress decided to hold its next meeting in 1896.

—*Med. Press and Circular.*

SYPHILOPHOBIA.

A gentleman, who had been living for some years in one of the colonies, contracted a crop of sores which developed quickly and disappeared quickly. He was assured by competent medical authority that he was not syphilitised. Chance, however, threw into his way a work on syphilis which he read, and, being of an impressionable temperament, he became the victim of constant anxiety as to his own state. Unfortunately, about this time he developed a palmar eczema and, although he was assured the complaint was not specific, he could not get rid of the illusion that it was so. He visited spas, he consulted specialists in almost every European country. When he came to my room it was pitiable to see how he had seen his own organisms through visionary syphilitic spectacles. The *papillæ circumvallatæ*,

some old worm-eaten tonsils, the sebaceous glands in his penis, and an alopecia precix. All these were to him syphilitic manifestations. He also alluded to his hands and said they were getting thin (a common complaint of hypochondriacs). A careful examination was made without discovering a scintilla of evidence to justify his terror. Curiously, he seemed annoyed when told the result of the examination; and almost besought me to treat him.

This is an instance of a considerable number who become a prey to the fear of syphilis. Our experience has been that nothing dispels that rooted idea that their blood is infected; it is a delusion and it is a permanent one. We have seen cases in which men have drenched their bodies with iodide of potassium for months in succession, and the very acne which the iodide has produced has been to them proof of their condition.

These two cases are linked together because they constitute a large class which are most embarrassing and most difficult to deal with, and why? Because we are attempting that most difficult of all tasks—ministering to a mind diseased. These poor creatures wander through the world haunted night and day by their spectre. We cannot close the sexual book any more than we can go to the knocking heart and say "be still." So let us face the problem and say to the sexual monomaniac "Nature has built you on such a plan, that the secretion of semen is as much a law of nature as is the ebb and flow of the tide, that sexual intercourse and sexual intercourse alone will put your sexual organs at rest and give them natural healthy satisfaction. It is certainly not my desire to condone any infringement of the ten commandments. All those who see anything of venereal disease must be deeply impressed by the hideous deformities, the stunted development, and often the death of those who acquire syphilis, or of those who inherit it, and without taking any other than the ground of expediency, we must not advocate promiscuous sexual intercourse, and can any man say he has ever known a case of sexual hypochondriasis which

has benefited by any gratification except that which follows lawful marriage?

It is always distasteful to deal with the sexual aspect of our profession. Too often has it been left to the quack and the money grabber; to often is it treated by the dramatist and the author, who simply drag before a curious public a matter which ought to be discussed with caution and care, and discussed by those best able to deal with it.

—T. Robinson, *Med. Press.*

SALOPHEN.

Dr. Robert Gerhardt (Inaug. Dissert. Jena. 1893) after giving a description of salophen which chemically consists of 50.9 per cent. salicylic acid and 49.1 per cent. acetyl paramidophenol, refers to its insolubility in water, tastelessness and the fact that it is again reduced to its two component factors by the action of the pancreatic and intestinal secretions. If given in large quantities, the unaltered salophen is excreted with the feces and by the skin, where its presence in small crystals has been demonstrated. As regards its medicinal action, the joint experiences of Guttman, Frohlich, Hitschmann, and Koch tend to show that in acute rheumatism it is equal to salicylic acid, and preferable on account of its tastelessness. The author watched its action in 16 consecutive cases, and noticed a decided effect when given in quantities of 1 to 1½ drachms daily and in acute cases; on the other hand, relapses and rheumatism in fresh joints supervened frequently, but these generally again yielded to the fresh use of the drug. The possibility of endocarditis is not excluded by its use. The advantages were its absolute harmlessness and the absence of excessive perspirations or tinnitus. It was well borne by the stomach, causing neither sickness nor loss of appetite. Less efficacious it was found to be in cases of some weeks' standing, and in chronic cases it was no more successful than other drugs. Salophen, is therefore, particularly indicated when gastric sensitiveness is present; when other drugs have failed; or when, as in children and others the use of salicin, etc., is contra-indicated on account of its unpleasant taste.

—*British Medical Journal*, July 1, 1893.

THE USE OF DISINFECTANTS.

War Department, Surgeon General's Office.

Washington, August 9th, 1893.

Requisitions received from time to time indicate that certain medical officers of the army are not well informed with reference to *the use of disinfectants*.

It may be the meaning of A. R. 1656 and of paragraph 36 of the Supply Table has been misunderstood.

A. R. 1656. "Carbolic acid, chloride of lime, sulphate of iron, corrosive chloride of mercury, solution of chlorinated soda, and other articles required as antiseptics or disinfectants in hospitals, and for general use at military posts, will be issued by the Medical Department upon the requisition of the medical officer."

Standard Supply Table, paragraph 36. "Disinfectants for general post sanitation will be issued by the medical department upon the annual requisition."

The mistaken idea that disinfectants are required "for general post sanitation" in the absence of any infectious material to be destroyed seems to be very common among officers and non-commissioned officers of the army, and should not receive support from officers of the Medical Department.

The definition of a disinfectant adopted by the Committee on Disinfectants of the American Public Health Association in 1885 has now been generally accepted by well informed sanitarians. This is as follows:

"The object of disinfection is to prevent the extension of infectious diseases by destroying the specific infectious material which gives rise to them. This is accomplished by the use of disinfectants.

"There can be no partial disinfection of such material, either its infecting power is destroyed, or it is not. In the latter case there is a failure to disinfect. *Nor can there be any disinfection in the absence of infectious material.*

"Antiseptic agents also exercise a restraining influence upon the development of disease germs, and their use during epidemics is to be recommended when masses of organic material in the vicinity of human habitations cannot be com-

pletely destroyed, or removed, or disinfected."

At the conclusion of the Lomb prize essay, published by the American Public Health Association in 1885, the following propositions are formulated:

Disinfection consists in extinguishing the spark, killing the germ which may light up an epidemic in the presence of a supply of combustible material—filth.

"The object of *general sanitary police* is to remove this combustible material out of the way, so that no harm may result even if the spark be introduced.

"*Antiseptics and deodorants* are useful when it is impracticable to remove offensive organic material from the vicinity of human habitations, but they are a poor substitute for cleanliness."

Chloride of lime, carbolic acid, and mercuric chloride, are issued by the Medical Department for use as disinfectants, properly so called. A solution containing 4 per cent. of good chloride of lime, or 5 per cent. of carbolic acid, is suitable for disinfecting the excreta of patients with cholera or typhoid fever, or the sputa of patients suffering from diphtheria, scarlet fever, or tuberculosis. The floors, furniture, etc., in rooms occupied by patients suffering from an infectious disease may be washed with a 2 per cent. solution of carbolic acid, or with a solution of mercuric chloride of 1:1000. Soiled bed linen, underclothing, etc., used by such patients should be immersed in one of the above mentioned solutions before it is sent to the laundry. *But in the absence of any infectious disease, these disinfecting agents are not required, and their expenditure for purposes of general post sanitation is not authorized.*

Sulphate of iron and other cheap antiseptics and deodorants may be used when necessary. But the necessity for their use is a reproach upon the sanitary police of a post and should only be required under exceptional circumstances.

The alvine discharges of healthy persons do not require disinfection, and when properly disposed of do not require treatment with any chemical agent whatever. If water-closets or earth-closets are offensive this is due to faulty construction, to insufficient supply of water or dry earth, or to neglect of ordinary cleanliness. The attempt to remedy such de-

fects by the systematic use of antiseptics is expensive and unsatisfactory in its results.

The same is true of foul drains, bad-smelling urinals, accumulations of garbage, etc. The proper remedy for such conditions is cleanliness and strict sanitary police.

When accumulations of organic material undergoing decomposition can not be removed or buried, they may be treated with an antiseptic solution or with freshly burned quicklime. Quicklime is also a valuable disinfectant and may be substituted for the more expensive chloride of lime for disinfection of typhoid and cholera excreta, etc. For this purpose freshly prepared "milk of lime" should be used, containing about one part by weight of hydrate of lime to eight of water.

During the prevalence of an epidemic, or when there is reason to believe that infectious material has been introduced from any source, latrines and cesspools may be treated with milk of lime in the proportion of five parts to one hundred parts of the contents of the vault, and the daily addition of ten parts for one hundred parts of daily increment of feces.

While the feces of healthy individuals in privy vaults or on the surface of the soil are innocuous, it is well known that epidemics of cholera, typhoid fever, and camp diarrhea are usually due to the contamination of drinking water or food by microorganisms contained in the excreta of persons suffering from these diseases. This may occur as the result of direct contamination of the water supply, and probably, also, by the transfer of infectious material to the surface of meats, milk, and other articles of food by flies which have recently been in contact with infectious excreta. This source of infection has not heretofore received proper consideration, and the probability of its occurring when the feces of patients suffering from the diseases mentioned are deposited upon the surface of the ground, or in open privy vaults, calls for extreme care, especially during times of actual or threatened epidemic. In camp, where it is necessary to use open pits as latrines, dry earth, quicklime, or wood ashes should be fre-

quently thrown upon the surface of fecal accumulations.

All known disease germs are destroyed by the temperature of boiling water, maintained for a few minutes. This being the case the destruction of articles of clothing which can be subjected to the action of boiling water or of live steam without material injury is unjustifiable. *Exposure to steam under considerable pressure, or to superheated steam, which requires a specially constructed steam chamber, is an unnecessary exaction, free exposure to flowing steam for one hour being sufficient to secure disinfection.* But this applies only to articles which can be freely exposed in a steam chamber, and not to mattresses, pillows, bundles of clothing, etc. As a rule immersion in boiling water for half an hour will be the most convenient and most economical method for disinfecting articles of clothing, bed linen, blankets, etc.

When hair mattresses and pillows need disinfection it will be necessary to open them up, either before or after immersing them in boiling water or in a disinfecting solution, in order that the hair may subsequently be thoroughly dried. When this is done, the fact will be reported to the medical director of the department, and instructions will be given as to the disposition of the material.

When of little value, or in the absence of proper facilities for disinfection, mattresses, pillows and clothing may be destroyed in compliance with A. R. 1625; but the destruction of articles which can be disinfected without material injury by immersion in boiling water or a disinfecting solution is not authorized.

GEO. M. STERNBERG,
Surgeon General U. S. Army.

PIPERAZIN.

Biesenthal said that the surprising results of the treatment of gout by piperazin had led him to a further study of the effects of the drugs, not only as regarded the pathology of a number of other affections, but in its abstract chemical relations. His expectations had been fulfilled. Since October last he had carried out a series of investigations in the Charité under the guidance of Professor Salkowski, and he had obtained

proof that when piperazine was given no deposit of the uric acid took place in the system, that uric acid already deposited was at once removed, and he had further attempted to determine the behaviour of the drug in the presence of lithium carbonate, borax and sodium phosphate, as these before the advent of piperazine were the only remedies relied on for the removal of uric acid. Meissel had published experiments in this direction and the speaker's results were essentially the same as Meissel's. The deposit of urates was most certainly affected by Ebstein's method. The animals experimented on were fowls and pigeons. Injections of chromate of potash were used for producing the deposit. The injection failed to produce the disease in 7 per cent. of the cases. In 80 per cent. of the birds no deposit of urates took place when the chromate and piperazine were given together. When the chromate was given subcutaneously and the piperazine in pill, the chromate often caused death before the piperazine had time to act. Seventeen pigeons were treated with the chromate and piperazine subcutaneously, in 14 of them, or 82 per cent. no deposit took place. Six pigeons were treated with chromate and lithium carbonate, and in all deposits of urates took place. Three pigeons were treated with the chromate and borax, and in all copious deposits of urates were found. The speaker then showed pigeons and hens dissected which had been treated on the one hand by the chromate alone, and on the other with the chromate and piperazine together; they all confirmed his statements. He further showed that piperazine did not cause albuminuria, as had been stated by Rohrig.

He summed up with the following conclusion:—

1. Piperazine is perfectly harmless.
2. In birds deposits of urates can almost with certainty be produced by neutral chromate of potash.
3. In the majority of cases piperazine prevents the deposition of urates produced by the chromate, whilst lithium carbonate, borax and sodium phosphate are powerless to prevent it.

The experiments on the chemical relations of the crop, stomach, liver tissue,

blood and viscera confirmed these conclusions. They also confirmed the results met with in the treatment of the uric acid diathesis by piperazine.

—*Med Press.*

ALCOHOLIC NEURITIS.

In *Deutsches Archiv. f. Klin. Med. Bd.* 50, Dr. O. Reunert has an article on this subject based on the observation of twenty-five cases, about three per cent. of the total of alcoholic cases treated. An autopsy was made in five cases. Four groups of cases were represented: (1) Typical polyneuritis, thirteen cases; (2) Localised muscle paresis and atrophy, four cases; (3) Slighter forms without pronounced paralysis and atrophy with disturbances of sensibility, sensation of pressure on nerves and muscles, or anomalies affecting the reflexes, six cases; (4) Cases with marked participation of the ocular muscles.

The complaints in the commencement of the disease were rheumatic pains, heaviness and stiffness of the limbs, generally in the lower first, but twice affecting the upper extremities, increasing weakness, pains in the calves of the legs, *muscæ* before the eyes, and over diplopia. Pains were only to be considered as pathognomonic of the disease when associated with a feeling of pressure on the nerve trunks, and of the muscles. These symptoms assumed greater importance when anomalies of the reflexes, especially the patellar, are also present. Disturbances of sensibility in the form of hyperalgesia which frequently accompanied chronic alcoholism not characteristic of neuritis. About thirty-three per cent. were delirious, or became so shortly after admission. During the course of the disease or at its commencement, psychical disturbances were very frequent (feebleness of intellect, restlessness, sleeplessness, dementia, hallucinations, and imbecility). These only continued till death in two cases. Rapid improvement of excessive psychical disturbance with the character of dementia were in favor of the disease being alcoholic in its nature.

One of the most frequent complications was tuberculosis. Alcohol and tuberculosis were apparently common causes of nerve degeneration. The prog-

nosis of alcoholic neuritis, not in itself unfavorable, was rendered almost lethal by tuberculosis. Amongst the nervous symptoms ataxia was to be named first.

The electrical behavior was very varied, sometimes quite normal, and at other times atrophy of muscles accompanied distinct diminution of electrical reaction. Sometimes this was absent altogether, as was that of degeneration. As regarded disturbance of sensibility, the mildest forms were almost exclusively of a neuralgic character. In combined alcoholic and tubercular disease sharp pains were generally present. Hyperalgesia of the skin was very rare. The tendon reflexes were generally weak or absent altogether. In reconvalescence the patellar reflex returned slowly. Exaggeration of it was observed by Strümpell and Möbius. The cerebral nerves might be diseased. A relatively large number of neuritics suffered from disturbances of vision. As vaso-motor disturbances, the author observed a tendency to sweating and œdema. Temporary cyanosis came on into two cases. Bowel or bladder troubles were generally absent or fugitive. As regarded the anatomical condition, the author confirms the opinion of Strümpell as to the simultaneous commencement of both central and peripheral changes. As regards this, Dr. Westphal gives a report of an autopsy of a case in the "Charité Annalen."

The patient, a man, æt. 28, who drank to excess, showed atrophic paralysis of the extremities, disturbances of sensation, œdema, marked deposits of fat, occasional fever and dementia. These symptoms gradually improved. Five years after the commencement of the disease the patient died of phlegmon of the perinæum. The autopsy showed slight poliomyelitis anterior chronica, with participation of Clark's columns, advanced parenchymatous degenerative neuritis resembling that described by Erb of progressive muscular dystrophia.

The anterior roots of the spinal cord were intact.—*Med. Press.*

AGONORRHEAL FEVER IN PARTURITION.

Dr. Leopold has pointed out that this form of fever often occurs in females after confinement, and can easily be mistaken

for puerperal fever. He has estimated that from 1 to 2 per cent. of puerperal cases recorded are due to this condition alone. He advanced a great amount of testimony to sustain his argument, and relates, for example, a young woman, æt. 18, operative, who after seventeen hours was confined of a healthy child without any untoward symptoms on the 1st of May. There was no rupture of the perineum, nor any reason to suppose poisoning or detention of threads, while antiseptic washing was carried out. On the 3rd of May the temperature was 37.8, and pulse 100, lochia offensive; the vagina washed out with a sublimate solution—1 in 4,000. On the 4th, temperature 38.6, pulse 113, washing repeated; 5th, temperature 38.2, pulse 116, with headache. On examining per vagina, both sides were covered with a gray deposit. On the right was observed a slight tear in the neck of uterus as well as both sides of the os, which were also covered with a gangrenous coat. From these different points microscopical preparations were made with platinum wire that had been through flame. The parts were then well doused with a five per cent. carbolic solution. From that time forth, the fever rapidly fell until the 8th.

In all the preparations taken from the vagina no streptococci could be found, while large numbers of diplococci associated with the typical gonorrhœal cocci and pus cells were present in swarms, leaving no doubt of the gonorrhœal character of the febrile ulceration. On the 15th the deposit on the vaginal surface had quite disappeared; in the microscopic preparations only a few vaginal bacilli and pus corpuscles were present, while not a single gonococcus could be seen. We may thus conclude that fever can and does arise during the puerperal state, that this fever may arise from gonococci, that after the removal of these specific germs the fever subsides, that the patient may microscopically show these germs in the vagina before, during and after the confinement, without any apparent disturbance till the fourth day is reached; we may also infer that the patient is auto-infectious, although she must have been infected before confinement. In private practice these facts ought to be seriously borne in mind, as

many innocent midwives, who have used every antiseptic precaution may be culpably implicated in such cases, where no blame ought to rest; where every external precaution has been faithfully used and an unaccountable fever arises, the practitioner should lose no time in examining the secretions for gonorrheal cocci, which are probably the real source of the unexpected endometritis.

—*Med Press.*

News.

THE BOYER BILL.

As many of our readers are interested in the fraternal orders, we present herewith the full text of the Boyer Bill, under which these orders are now to be ranged:

AN ACT

Regulating the organization and incorporation of secret fraternal beneficial societies, orders or associations and protecting the rights of members therein.

WHEREAS Fraternal beneficial societies, orders or associations have for many years been in existence in this Commonwealth,

AND WHEREAS, The said societies when properly managed are beneficial to the laboring and business classes, but by reason of there being no statutory provisions regulating the conduct of their affairs, the citizens of this Commonwealth are unprotected from fraudulent schemes and plans and from the mismanagement of officers and promoters of such societies, orders and associations now therefore:

SECTION 1 *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same* That from and after the passage of this act any fifteen or more persons, nine of whom shall be citizens and residents of this Commonwealth, having associated themselves as a secret fraternal beneficial society, order or association, may be incorporated under the provisions of this act and when so incorporated the said corporation shall have the following powers.

GENERAL POWERS.

First. To have succession by its corporate name perpetually subject to the power of the General Assembly under the Constitution of this Commonwealth.

Second. To maintain and defend judicial proceedings.

Third. To make and use a common seal and alter the same at pleasure.

Fourth. To be capable of taking, receiving, purchasing, holding and transferring real and personal property for the purpose of its incorporation and for no other purpose.

Fifth. To elect, appoint and remove the officers and agents for the management of its business and carrying out of its objects, and to allow them a suitable compensation.

Sixth. To make a constitution and general laws for the management of its affairs not inconsistent with the Constitution and laws of this State and to alter and amend the same when necessary. When so made, altered or amended the said constitution and general laws shall be the law governing such society, order or association and its officers subordinate lodges, councils or bodies and the members in their relations to such society, order or association in all their acts.

Seventh. To provide in the constitution and general laws for the payment to its members of sick, disability or death claims in such amounts as may be authorized and directed by said constitution and general laws. And also to provide for the payment in not less than five years to members whose beneficiary or distribution period may then expire, of such sum not exceeding the maximum amount named in the beneficiary certificates as the constitution and general laws in force at the expiration of said period may authorize and direct.

Eighth. To collect from its members by admission fees, dues and assessments the funds necessary to carry on its operations, and provide for the payment of its benefits, which assessments shall be made in manner and form as provided by its constitution and general laws.

Ninth. To carry on its operations through supreme and subordinate bodies or lodges, and to issue beneficiary or relief certificates in accordance with its constitution and general laws.

Tenth. To enter into any obligation necessary for the transaction of its affairs.

SECTION 2. The charter of such intended corporation must be subscribed by five or more persons, citizens of this Commonwealth, and shall set forth:

First. The name of the corporation.

Second. The purpose for which it is formed.

Third. The place where its principal office is to be located.

Fourth. The names and residences of the subscribers.

Fifth. The number and names of its officers with the term or terms of years for which they have been chosen, and also the names of not less than six directors, managers or members of an executive committee, who, together with the president of the society, order or association shall form a board of directors, managers or executive committee with the term or terms of years for which each is to serve.

NOTICE TO BE GIVEN.

SECTION 3. Notice of the intention to apply for any such charter shall be inserted in two newspapers of general circulation printed in the proper county for three weeks, setting forth briefly the character and object of the corporation to be formed and the intention to make application therefor.

CERTIFICATES.

SECTION 4. The said certificates of incorporation shall be acknowledged by at least five of those who subscribed to them before any officer authorized to take the acknowledgments of deeds in the Commonwealth of Pennsylvania, to be their act and deed and the same, being duly certified under the hand and official seal of the said officer, shall be presented to a law judge of the county in which the principal office of the corporation is located accompanied by proof of the publication of the notice of such application, who is hereby authorized to peruse and examine said instrument, and if the same shall be found to be in the proper form, and within the purposes named in this act, he shall endorse thereon these facts, and shall order and decree thereon that the charter is approved and that upon the recording of

the said charter and order the subscribers thereto and their associates shall be a corporation for the purposes, and upon the terms therein stated; and said order and charter shall be recorded in the office for the recording of deeds in and for the county aforesaid, and from thenceforth the persons named therein and subscribing the same and their associates and successors shall be a corporation by the name therein given. No such corporation, however, shall engage in business until at least twenty-five persons have subscribed in writing to be beneficiary members therein in the aggregate amount of at least five thousand dollars, and have each paid in one full assessment in cash amounting in the aggregate to at least one per centum of the amount in which they are beneficiary; nor until a certificate signed and sworn to by three of the highest officers of the corporation has been filed with the Insurance Commissioner stating that the requirements of this section have been complied with.

ANNUAL REPORTS.

SECTION 5. Every such fraternal society, order or association, incorporated under or accepting the provisions of this act, shall on or before the first day of March of each year, make and file with the Insurance Commissioner a report of its affairs and operations during the year ending on the thirty-first day of December immediately preceding; such report shall be upon blank forms to be provided by the Insurance Commissioner, and shall be verified under oath by the duly authorized officers of such society, order or association and shall be in lieu of all other reports required by any other law, the said report shall contain answers to the following questions:

First. Number of members admitted during the year and number of beneficiary certificates issued.

Second. Amount of benefits named in said certificates.

Third. Number of benefit liabilities incurred during the year.

Fourth. Number of benefit liabilities paid during the year.

Fifth. The amount received from each assessment during the year and the number of assessments levied.

Sixth. Total amount paid members beneficiaries, legal representatives or heirs.

Seventh. Number and kinds of claims compromised or resisted and brief statement of reasons.

Eighth. Does the corporation charge annual or other periodical dues or admission fees.

Ninth. Total amount of salaries paid to officers.

Tenth. Has the society a reserve fund.

Eleventh. If so, how is it created, and for what purpose, the amount thereof, and how invested.

Twelfth. If the custody and investment of said reserve fund is entrusted to any trust companies or corporations in the Commonwealth of Pennsylvania state the name of said corporation or corporations, the capital stock of the same, the amount of capital stock paid in the surplus, if any, and the place of business of said corporation or corporations.

Thirteenth. If the custody and investment of said reserve fund is entrusted to any of the officers of the said secret fraternal beneficial society give the names and residences of the said officers, the names and residences of their sureties, the amount of their bonds, and the place or person with whom the said bonds are deposited.

Fourteenth. State the amount of said reserve fund.

Fifteenth. Number of certificates of membership lapsed during the year.

Sixteenth. Number in force at beginning and end of year.

Seventeenth. Date of organization and incorporation and county where incorporated.

All such societies, orders or associations, together with their books, papers and vouchers, shall be subject to visitation and inspection by the Insurance Commissioner or such person or persons as he may at any time designate. Any such society order or association refusing or neglecting to make such report to the Insurance Commissioner may, upon the suit of the Commonwealth, be enjoined by

the court of common pleas of Dauphin county from carrying on any business until such report shall be made.

SECTION 6. Every officer of any corporation accepting the provisions of, or doing business under this act shall give bond with sufficient surety for the faithful performance of his duties, and the safe custody of the moneys and securities and other property which may be in his possession and control, which bond shall be for such amount as the board of directors, managers, executive committee or supreme governing body may require, *Provided however*, That when the reserve funds of any corporation organized hereunder or accepting the provisions hereof, are deposited for investment with any trust companies or financial corporations chartered by the Commonwealth of Pennsylvania, the officers of said corporation so depositing its reserve funds need not be bonded for any of the moneys or securities in the custody or possession of said trust companies or financial corporations. The Insurance Commissioner shall have power and authority at all times to examine said bonds at the place of business of the corporation and there to inquire of and receive answers from the officers of the corporation as to their knowledge of the financial standing of the surety or sureties on any of said bonds.

SECTION 7. Any beneficial society order or association heretofore incorporated under any act of the General Assembly of the Commonwealth of Pennsylvania for beneficial or protective purposes to its members from funds collected therein and which has been carrying on the operations of a secret fraternal society, order or association and any unincorporated society, order or association which has been carrying on said operations shall have and enjoy the rights and privileges conferred by this act upon filing with the Insurance Commissioner a certificate or declaration signed by its supreme officers accepting the provisions of this act and agreeing to abide by all the requirements herein made: *Provided however*, That nothing in this act shall apply to any incorporated or unincorporated fraternal beneficial society not accepting the provisions hereof or

be so construed as to compel any such society to accept its provisions or become incorporated thereunder.

APPROVED—The 6th day of April A. D. 1893.

ROBT. E. PATTISON.

The foregoing is a true and correct copy of the Act of the General Assembly No. 6. Secretary of the Commonwealth.

Monthly Bulletin of the New York State Board of Health:—July is invariably the month of largest mortality in this State, 10.65 per cent. of the deaths of the past eight years having occurred in July. There was an average daily mortality this month of 398, having risen from 291 in June, which was the lowest rate for the year; in July, 1892, it was however, 437. From zymotic diseases, with the exception of diarrhea, there were fewer deaths than in June (872 to 944). The deaths from diarrheal diseases have increased since last month from 478, which was a small number for June, to 3200, which is 26 per cent of the total mortality, this is less than it was last year and less than the average, which is about 28 per cent. The infant mortality is correspondingly diminished, 50.5 per cent. of the deaths having occurred under the age of five years, the average for July being 51.5. In the large cities of New York, Brooklyn and Buffalo 40 per cent. of the deaths were from diarrhea; in the rural parts of the State but 7.3 per cent. of the deaths were from this cause. Scarlet fever and measles continue to decrease in all parts of the State. Diphtheria is slightly more prevalent than is usual for this season. There were 16 deaths from small-pox, of which 3 occurred in Yonkers and 11 in the hospital for contagious disease at Flatbush; no spread of the disease is reported from a case developing at Newton's Corners, in Hamilton county, nor in Sing Sing. There is a large increase over last month in deaths reported from diseases of the digestive and nervous systems, which is customary in July. The reported deaths give a death-rate for the month of 22.75, against 17.50 in June. The temperature for the month has not varied from the normal of 71°, there were more fair days than in June, and the rain fall was less than the average through-

out the State by nearly 2 inches, the mean humidity being 69 per cent (73 per cent in June). The prevailing wind has been generally southwest.

COLLEGE OF PHYSICIANS OF PHILADELPHIA, N. E. corner Thirteenth and Locust streets; The William F. Jenks Memorial Prize.—The third triennial prize, of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "Infant Mortality During Labor, and its Prevention."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1895, addressed to Horace Y. Evans, M. D. Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not

to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM.
Secretary of the Trustees

AUGUST 1, 1893.

THE Colorado State Board of Medical Examiners will after July 1, 1893, require of all applicants for license evidence of having taken three courses of lectures of not less than twenty weeks each, in a legally chartered and reputable medical college recognized as such by The Colorado State Board of Medical Examiners. No two of these courses shall be taken within the same year.

RESOLVED, That after July 1, 1893, only such schools shall be recognized as meeting the requirements of this Board, as require a preliminary examination for admission, or a diploma of graduation from some good literary or scientific school, high school or normal school, and as require at least twenty weeks of instruction in each twelve months for three separate years, and which give instruction in the following subjects, namely: anatomy, physiology, chemistry, pathology, materia medica and therapeutics, obstetrics and gynecology, surgery, medical jurisprudence, theory and practice of medicine, hygiene.

J. N. HALL, M. D.
Secretary and Treasurer.

1517 GLOUT STREET.

DON'T.

[TO YOUNG CONTRIBUTORS.]

Don't try to work on the editor's sympathies. If he is a good editor, he keeps his feelings in the background, and has an eye single to business. His duty is not to relieve distress or gratify individual aspirations, but to entertain (and if possible, sometimes instruct) his readers as well as he can. A magazine is not an eleemosynary institution.

Don't ask the editor to tear up or burn your article if he can't use it; decent people dislike to destroy other people's property. Don't fasten all your hopes on a single publication, when there are hundreds of them in the land; what is unavailable to one may suit another.

Don't try to hold one person, or set of persons, responsible for the success or failure of your literary career.

Don't complain that the periodicals, while heartlessly rejecting your story,

or sketch, or verses, have published hundreds that were worse. Perhaps they have; but when you come to conduct a magazine, you will find that one style of writing or thinking can't be made to cover all the ground, and that your individual taste must defer to that of the public.

Don't fancy that you are insulted, or that there is a conspiracy against you, because your articles come back. It is a physical impossibility to print more than a very small percentage of those that are offered.

Don't "give it up" because a particular contribution is declined. As you may learn from the circular which all well-conducted magazines send out in such cases, its non-acceptance may be dictated by considerations irrespective of its intrinsic merit or your ability. A second, or a twentieth, shot may hit the mark which others have missed.

Don't overwork the useful word *and*. Once is often enough for it to appear in a sentence, as a rule. When you see it staggering from fatigue, take it out of the ranks, put a period in its place, and begin the next word with a capital.

Don't take your pen in hand, till you have something to say which is liable to interest a good many people, and don't be hasty or careless in your way of saying it.—F. M. B., in September *Lippincott's*.

WHAT THE CURRENT DID FOR ME.

(A True Story, founded on Fact.)

Dedicated to CHARLES WILLMS, Esq.

I was feeling very badly, and the spell had lasted long,

So, after getting very weak, though my backache grew quite strong:

I thought it best to something do to ease my grief and pain,

So I asked my friend the doctor if he could my case explain?

After talking o'er the matter with much care, he said explicitly—

"My friend, you need no medicine—what you want is electricity."

Well, I didn't know, but he did, so I said "All right, I'll see,

What can be done in this way—what the current does for me "

I had agony across my back, where I think the kidneys lie,

And the way that pain took hold on me
made me sometimes almost cry ;

So I thought I had that great disease
got up by Mr. Bright,

And although it may have suited him,
for me it wasn't right.

When I told this to the doctor, he said
without duplicity—

“My friend, you don't need medicine—
what you want is electricity.”

As it made no dif. to me at all, I said
“Your course is free,”

Then he started in to use it, and the
current thus used me.

(Now shut your eyes whilst this I tell) I
had to shed my clothes,

I had little on besides my chem—e, shoes,
and hose ;

In fact, as then I laid me down, I wore
little duds at all.

But he threw across my handsome
shape a lovely India shawl.

The doctor seemed to use with skill, and
with extreme felicity

The elegant machinery that made the
electricity.

And there I lay contented as quiet as
could be,

To find what there was in it when the
current went through me.

When he started in to fix me up he
placed upon my neck

A tiny sponge as soft as silk, without a
flaw or speck ;

Whilst he used another like it to rub
across my back

Where the cruel pains and aches kept
me tortured on the rack.

The doctor was as kind and free from
eccentricity

As one could want a man to be expert in
electricity.

So I felt quite resigned to what might
come, quite from all terror free.

For I couldn't tell beforehand what the
current did for me !

Well after a few minutes' work as pleas-
ant as could be,

The doctor (my he's real nice) said,
“Jump up, you are free ;

Did that hurt you in the slightest or
ease your awful pain ?

That's all you need at present—slip on
your things again.”

There was nothing complex in it, it was
simon-pure simplicity—

The way that skilful doctor filled me
up with electricity.

I thought that all was quite serene,
but I didn't know, you see,

For I never once suspected what the
current did to me !

Well, bless your heart, my darling, just
listen unto me,

I was fully free from pains and aches, I
felt 'way up in “G” !

But when I tried my corsets on, the
more I'd pull and haul,

The less desire they'd have to meet—
they wouldn't hook at all !

You may doubt this dearest friend, but
my words are true implicitly—

That's the sequence which then hap-
pened when I tackled electricity !

The doctor said that ne'er before had
this happened unto he,

But all the same that's what that
blessed current did for me !

Yet I got into my dress at last, though
it squeezed me rather tight.

Still, my quirks and qualms were van-
ished and I felt both gay and bright,

Then the doctor told me to come back
on Wednesday at three,

For another dose of current, and to
see what we would see.

I said “Yes, I will do so with personal
complicity—

For I think there's something in it—
this wondrous electricity.”

O ! no, I wasn't frightened, Doc's as
kind as kind can be:

I was bound to learn precisely what
the current did for me !

So I went about a dozen times, and then
I felt all right,

My health came back completely, and I
grew quite strong and light ;

And I learned 'twas not the current
that did the great displacing—

For the fault was that which most girls
have—the habit of tight lacing.

So, if you need such treatment, I can
vouch with authenticity—

You never will be puffed up by taking
electricity !

And if you need such care as I, go
and my doctor see,

The current will do that for you
which it surely did for me !”

W. R. D. BLACKWOOD.

The Times and Register.

Vol. XXVI. No. 37. PHILADELPHIA, SEPTEMBER 16, 1893. Whole No. 784.

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Original Article.

THE TREATMENT OF POTT'S DISEASE OF THE SPINE.

By A. B. JUDSON, M.D.*

Orthopedic Surgeon to the Out-Patient Department of the New York Hospital.

While caries of any part of the vertebral column cannot be considered an unimportant affection, it is well to recognize the fact that much depends on the region of the spine involved. In the middle dorsal region it is perhaps the most serious trouble, excepting malignant disease, that can attack the bones of the growing child. In this part of the spinal column the destruction is often extreme and the deformity great, evidently because the affected bones are at the greatest disadvantage mechanically. Lower down the vertebral bodies are so large that they do not lose their relation of mutual support until the loss of substance is very extensive, and above the vertebral bodies, though small, have less weight to sustain. But in the intermediate portion not only do the bones feel

the incessant movements of respiration, but they are also more widely moved in flexion and extension and in lateral curving with rotation than in other parts of the column, and furthermore they are exposed in a peculiar manner to the risk of over-strain from their position in the middle of the column. I think it is in the experience of all of us that in this middle and upper dorsal region Pott's disease continues longest before consolidation takes place.

Here we have a most striking illustration of the fact that the recovery from articular osteitis is postponed by unfavorable mechanical environment. As joints in the upper extremity, free from the mechanical stress attending locomotion, recover easily, while those which, in the lower extremity bear the heat and burden of the day, recover only after prolonged and extensive destruction, so articular osteitis in the cervical region of the spine is easily curable while in the upper and middle dorsal region relief and repair come only after desperate and prolonged risk.

How can we best assist Nature to cure this disease in this difficult part of the skeleton? The same general rules apply

*Presented at the Pan American Medical Congress at Washington, September, 1893.

here as in the treatment of articular osteitis in the lower extremities. We can not cut short the disease by an operation or by any procedure whatever, but can expect with confidence, and must promote by our best endeavors the arrest of destruction and the beginning of repair. What then can we do to put the affected vertebræ in their best attitude and to raise the defensive and reparative powers of the system to their highest efficiency? As in articular osteitis occurring elsewhere we desire, (1) to relieve the bone of the duty of supporting weight and concussion, and (2) to prevent the affected joint from motion, believing that the arrest of these two functions, weight bearing and motion, are essential to good treatment. It does not seem wise to keep the patient recumbent for the long period necessary. In the management of hip disease we put the affected limb to bed, so to speak, while the patient is up and about. But a similar resort in Pott's disease is impossible. Since the patient must be up and to a certain extent active in locomotion, our best resort, in my opinion is to take what benefit can be had from the application of a lever making pressure from behind forwards in the neighborhood of the posterior projection and counter-pressure from before backwards at two points, one above and the other below the level of the seat of the disease. In a limited sense this application relieves the diseased joints from the weight of the body, while the patient is up and about, because antero-posterior pressure thus applied transfers a part of the weight and concussion incident to standing and walking from the diseased bodies of the vertebræ to the processes, which remain sound. Having thus (1) removed so far as is practicable injurious pressure from the diseased structures it is obvious that we have also applied the most effective kind of retentive splint for (2) the arrest of motion in the affected joints.

It does not take much practical experience to convince one that efficient pressure applied in this manner is productive of good. It may not at once arrest morbid action and induce cicatrization of the carious bone. For these events we must wait for the natural reaction, but it is not difficult to believe

that Nature will the more promptly intervene with reparative efforts if our mechanical applications relieve distress and substitute a feeling of strength for weakness and apprehension. A well applied support at once gives a degree of relief which finds plain expression in the face and attitude of the patient. As a matter of fact a feeling of security and comfort is afforded by the use of a corset made from any of the materials in ordinary use. I will not indicate the defects of apparatus of this kind. The inexpensiveness of jackets and the ease with which they can be obtained and applied make them of the greatest service to a vast number of patients who otherwise would have no mechanical support whatever. But when and where it can be done it is necessary to give the patient the benefit of accurately adjusted antero-posterior pressure.

At the best, antero-posterior pressure, no matter how carefully applied, fails to give all the support which is desirable. This is because the leverage is deficient. In the vertebral column there is found no long bony lever such as is at hand in making a mechanical application for fixing the knee. There is, rather a succession of irregular bones movable upon each other, which, from the nature of the case, impair the success of any attempt to arrest motion or support the column by pressure from behind forwards and counter-pressure from before backwards, because the pressure from before backwards will, a part of it at least, be expended in bending backward portions of the vertebral column above and below the projection. The force thus employed is however by no means wasted as it secures an ultimate improvement in the shape of the trunk which is often characteristic of patients who have been thus treated.

The apparatus needed is essentially simple, consisting of two parallel uprights united below by a pelvic band and diverging at their upper ends at the base of the neck, and curving over the tops of the shoulders. Pressure from behind forwards is made by two pads attached to the uprights at the level of the projection and applied a short distance from the median line on each side. Counter-pressure from before backwards is made

below by a strap passing from one end of the pelvic band to the other in front of the pelvis and above by straps, one on each side, passing from the upper end of the upright through the axilla to be buckled to the upright. The most important feature of a brace constructed to carry out these views is the use of mild steel for all the metal parts. The use of this material puts in the hand of the surgeon the power to modify the degree and direction of pressure to the changing shape and to meet the increasing tolerance of the skin to pressure. The reaction of the skin should receive special and constant attention and gentle and gradually increasing pressure should be made till the limit of comfortable tolerance is reached.

By patient attention to details apparatus thus designed may with certainty be made comfortable and efficient. The diffused support furnished by a jacket is often secured by the addition, to the simple lever described above, of aprons and other pieces which add to the feeling of stability and security without interfering with the chief function of the apparatus which is to make antero-posterior pressure. One hardly knows where to begin and where to end in the in the consideration of the details which demand attention in practice of this kind. I will close by saying that cheapness and cleanliness may be promoted by leaving the steel parts of this brace unpolished and covering them with a single layer of adhesive plaster, and then with strips of Canton flannel or silk cut bias and renewed without much trouble as often as may be desired.

PRESENT STATUS OF LEGISLATION FOR THE PREVENTION OF BLINDNESS.

By WALTER B. JOHNSON, M.D.*

PATERSON, N. J.

THE rapid increase in the proportionate number of the blind in this country during the last decade being over four times greater than the percentage of increase in the population, has attracted the attention of ophthalmic surgeons

and others, to a consideration of the best means to prevent the occurrence and spread of the diseases which are the prime factors in producing the conditions, and to the suggestion and probable enactment of laws which will ensure skilled and prompt medical treatment in the early stages of the diseases, when an unfavorable termination may possibly be averted.

The prevention of blindness has been written upon and discussed in foreign countries, and suggestions have been offered and adopted and laws enacted in England, Germany, France and Switzerland by Wilde, Fuchs, Magnus, Adder, Steffan and others.

In 1881 Dr. C. R. Agnew in his notes on "Contagious Diseases of the Eye in Schools and Asylums" suggested the possibility of the prevention of blindness by legal enactment in the following words:—

"Diseases of the conjunctiva and of the cornea are largely the cause of prevailing blindness, and yet they belong in a great degree to the class of preventable diseases."

"The fact that they do fall into this class gives to the sanitarian and to the legislator a special opportunity and advantage for inquiry, advice and legal enactment, to limit or prevent the prevalence."

Dr. Chas. J. Kipp, in an essay read at a meeting of this society in 1884 on the "Prevention and Treatment of Purulent Conjunctivitis," from which the following is an extract, advocated the placing of the care of such infectious cases in the hands of the State Board of Health, page 98 and 99, New Jersey State Medical Society report 1884.

"In England, and other parts of Europe measures looking to the dissemination among the people of knowledge regarding the cause of the ophthalmia of the new born, and the means to be resorted to for its prevention, have lately been under discussion in medical societies, and steps have been taken to distribute among all classes of society cards of instruction, drawn up in the simplest possible language. The same might be done here by our State Board of Health which has already done so much to enlighten the people with regard to the causes and the prevention of disease;

*Read at the Annual meeting of the Medical Society of New Jersey.

and I have no doubt that if this society should see fit to recommend the publication of a circular embodying such information, the state board would gladly do this. Most of the cases of blindness from ophthalmia neonatorum which have come under my notice were, as I have before remarked, the result of neglect on the part of the parents to put the case in the hands of a competent physician at the beginning of the disease; and it is therefore reasonable to expect at least a reduction in the number of the hopelessly blind in the future, if the people are made aware that by early treatment of the disease the eye can be saved, and that neglect will probably result in blindness.

I believe it to be the duty of every physician attending a case of purulent conjunctivitis to point out to the persons living with the patient the very contagious nature of the discharge from the eye, and to warn them not to use any of the towels, washbowls and other articles used by the patient. Whenever it can be done, the patient should be isolated, and the nurses attending him should not only be compelled to wash their hands thoroughly with some disinfectant every time they have dressed the eye, but should be prohibited from going into other rooms."

"On motion it was Resolved that the attention of the State Board of Health be called to the contagion of ophthalmia which can be guarded against by circulars of instruction to families."

In 1887 Dr. Lucien Howe of Buffalo, presented some notes on the "Increase of Blindness in the United States," at the twenty-third annual meeting of the American Ophthalmological Society and suggested that a committee be appointed by the Society to investigate the subject. He demonstrated in his article, by a comparative table of the statistics of the census of 1870 and 1880, that while the population had increased 30.09 per cent. the number of blind had increased 140.78 per cent.

That the greatest proportion of blindness is nearest the center of density of population and also nearest that portion of the country where immigration would be apt to exercise the most influence upon the native population, and that blindness

in the United States is largely due to contagious diseases.

Resolutions were adopted by the Society which called for the appointment of a committee of three, to examine further as to the apparent increase in the number of blind in the United States, and recommended means for its prevention. Doctors Lucien Howe, Swan M. Burnett and J. A. Andrews were appointed as this committee.

Dr. Howe in 1889 also presented at the annual meeting of the New York Society an article on the Purulent Conjunctivitis of Infants and Blindness in New York State showing that the census of 1870 and 1880 indicated that the number of blind in the State has increased eight times faster than the population, although he admitted that the returns were probably more complete in 1880 than in 1870, while maintaining that the indicated per cent. of increase was probably very nearly correct.

He also, by the careful study of the statistics regarding Purulent Conjunctivitis in infants showed that nearly 25 per cent. of all the cases of blindness resulted from this disease.

The method of Crede, which consists in a thorough cleansing of the eyes of the infant immediately after birth and then applying to them a two per cent. solution of nitrate of silver, was recommended to all obstetricians as a routine practice in every case. He also suggested the following course of action.

"First, to call the attention of the profession in general to the apparent increase of blindness, to the importance of ophthalmia in children and to the efficacy of proper means of preventing it. Second, to request the examiners of nurses and midwives, to require of the candidates some knowledge of the dangers of ophthalmia of infants and an acquaintance with the methods of prophylaxis now in use. Third, to instruct our committee on legislation to formulate and recommend the passage of a law by which all midwives in the state shall be obliged to report the existence of any case of infant ophthalmia within twenty-four hours, after its occurrence to the family physician, to the district physician or to some legally qualified practitioner."

By unanimous vote of the New York

State Society these recommendations were finally adopted and as a result of the efforts of the Committee on Legislation, the following law was enacted:—

"The people of the State of New York represented in Senate and Assembly, do enact as follows:—

SECTION 1. Should any midwife or "nurse having charge of an infant in this "state, notice that one or both eyes of "such infant are inflamed or reddened "at any time within two weeks after its "birth, it shall be the duty of the mid- "wife or nurse so having charge of such "infant to report the fact in writing, "within six hours to the health officer "or some legally qualified practitioner of "medicine, of the city, town or district "in which the parents of the infant "reside.

"SECTION 2. Any failure to comply "with the provisions of this act shall be "punished by a fine not to exceed one "hundred dollars or imprisonment not to "exceed six months, or both.

"SECTION 3. This act shall take "effect on the first of September, "eighteen hundred and ninety."

Copies of this law were sent to the physicians of the State, enclosed with the following letter of explanation.

183 Delaware Ave.

Buffalo, N. Y., June 2, 1890.

"Dear Doctor:—

"The Committee of the New York "State Medical Society for the Prevention "of Blindness, enclose to you herewith a "copy of a law passed by the Legislature "during its last session. By thus call- "ing the attention of certain members of "the profession, of examiners of mid- "wives, and of midwives themselves, to "the existence of such a law, it is hoped "that its purpose may be better fulfilled. "The committee would urge the desira- "bility of promptly reporting cases of its "violation to the County District Attor- "ney or other proper legal authorities, "either directly or through the County "Medical Societies. And with a view to "even more stringent regulations in the "future, the chairman of the committee "would be obliged for information re- "garding any cases of conviction under "this law."

Some of the cases tried under this law

failed of conviction in consequence of the word "notice" in the second line of the law, the culprits claiming that they did not *notice* the redness or inflammation.

The law was supplemented by an act fathered by Eldridge T. Gerry, chapter 325 page 681 volume 11 of the laws of the State of New York. The clause in reference to the prevention of blindness by suitable punishment reads as follows:—"When a midwife, nurse or other person having the care of an infant within the age of two weeks, neglects or omits to report immediately to the Health officer or to a legally qualified practitioner of medicine of the city, town or place where such child is being cared for, the fact that one or both eyes of such infant are inflamed or reddened whenever such should be the case, or who applies any remedy therefore without the advice, or except by the direction of such officer or physician, the penalties prescribed by the law shall be enforced."

As far as could be ascertained the only action of any Boards in this State was taken by the State Board of Health in October 1886 and by the State Board of Medical Examiners under an act of the Senate and General Assembly of the State of New Jersey, entitled "An act to regulate the practice of Midwifery in the State of New Jersey," Approved March 28th, 1892.

This action consisted in placing the following condition on the official certificate to midwives:—"Fifth condition. That you shall secure the attendance of a reputable physician *at once*, whenever the new born infant is asphyxiated, is blue or does not breathe or has any convulsions, deformity or malformation, retention of urine or feces, bleeding, redness or inflammation of the navel or *any swelling, redness or inflammation of, or discharge from the eyelids or eyes*, or any other abnormal condition."

The New Jersey State Board of Health have issued Circular No. 47 "Prevention of Serious Injuries to the Mind, the Eyes, the Ears," and also refer to the subject of the prevention of blindness in Circular No. 78 "Protection of Schools from Communicable Diseases." In Circular 47 the result of neglected eye

disease is carefully considered and C. R. Agnew, M. D. of N. Y. extensively quoted. A very concise and complete set of rules, credited to Dr. Chas. J. Kipp, of Newark entitled 'How to Prevent the Spread of Contagious Diseases of the Eye and What to do for them' is incorporated in this circular.

The following salient points are worthy of special note: "Any affection of the eye which gives rise to the formation of much matter (discharge) may be looked upon as contagious". "Teachers and persons in charge of asylums, schools etc., should not permit a child with sore eyes to attend school or be admitted into an institution containing children, unless a competent physician has certified that the eye disease is not contagious."

Regarding purulent ophthalmia of infants the rule is "In all such cases it is the imperative duty of those in charge of the infant to see that a competent physician is placed in charge of the case, for, if properly treated the disease will, in all probability, pass away without damage to the sight, while if it is neglected, hopeless blindness is only too often caused by it. It is said that nearly one half of the inmates of the schools for the blind have lost their sight from this disease."

The circular is very carefully drawn throughout and would seem to be applicable to such cases and capable of accomplishing all that could be done by circulars alone providing that a very general distribution was made to the physicians of the State also to all midwives, nurses and any other person having the care of infants, who might develop the disease.

In 1890, at the meeting of the American Ophthalmological Society, Dr. Howe presented a paper and the committee, of which he was chairman, appointed to inquire into the "Causes and Prevention of Blindness" made a report, in which the following recommendations tending towards the enactment of laws in all parts of the United States, were offered for the consideration of the members of the Society.

First. To familiarize the profession with the advantages of Crede's method as a means for lessening the number of cases of ophthalmia neonatorum. It is

a lamentable fact that a large portion of physicians in active practice, and many obstetricians, are entirely ignorant of the advantages of this simple procedure, or, for some reason, have neglected to make any systematic attempts to test its efficacy. A great deal depends upon those whose practice affords them opportunities of seeing the dire effects of purulent ophthalmia, for by the presentation of papers at medical societies, or by discussions with persons with whom they come in contact, much good work can be done in this respect.

Second. It should be the endeavor of those familiar with the subject to appeal particularly to the examiners of midwives, and, when possible, to midwives themselves, in order to impress upon them the dangers of ophthalmia neonatorum, or still better, to encourage the enactment of laws in various States which would require nurses to promptly report every such case to some legally qualified practitioner. The fact that nurses and midwives in most States have a very irresponsible position, which enables them to do much harm; the fact that a very little negligence or delay with this class of cases often results most disastrously to the patient; and the fact that the duty of nurses in this respect in foreign countries has already been established, and at least by one State in the Union, inspires the hope that creditable reformation may take place in other parts of our own land.

A certain amount of attention paid to these two suggestions by a few of the prominent American oculists might diminish appreciably the baneful results of that one disease, ophthalmia neonatorum, which produces the largest number of these unfortunate sufferers.

In the third place, the committee would recommend that greater care be taken in instructing physicians to asylums and residential schools, and other persons having charge of such institutions, concerning the dangers of contagious ophthalmia in any form. Here, also, it would be well to seek the aid of legislation in limiting the number of inmates, proportionally to the size of the school, to the air space in the dormitories, etc., as has been done already in the State of New York.

Fourth. Greater care should be exercised in the prevention and intelligent treatment of cases of purulent conjunctivitis and other contagious conjunctival diseases of adults. In workshops, hotels, and other public places, where practicable and advisable, notices could be posted calling attention to the danger of contagion from roller-towels, from imperfectly clean wash-basins, or similar sources of contamination.

Fifth. In order to prevent the introduction of cases of trachoma and other forms of contagious eye diseases, it is desirable that more stringent regulations be made by the commissioners of immigration. Suspicious cases should be quarantined, and if there is danger of blindness to the individual, he should be returned to his own country. It is certain that a considerable number are admitted each year, the condition of whose eyes necessitates application for public relief, either at the time of landing or soon after, and it is very probable that the apparent increase of blindness in the United States is due, in no small degree, to the number of cases of contagious eye diseases, more or less developed, that come among the immigrants each year and are distributed to different parts of the country.

Sixth. As a certain number of cases of very imperfect vision or blindness result directly or indirectly from myopia acquired in youth, superintendents or school teachers and parents ought to be instructed concerning those precautions, which taken early, undoubtedly lessen the proportion of myopes. This phase of the subject has already received considerable attention in certain parts of the country and is too familiar to require any further mention.

Seventh. As another considerable portion of cases of blindness are due to accidents which occur in factories, and are the almost inevitable results of the pursuance of certain trades, it seems advisable to post notices near grindstones, in boiler shops, machine shops, and in similar places, cautioning the workmen against those habits of carelessness most apt to occasion accidents. This might be stated briefly, and a few words added advising against the use of poultices, lead washes, etc., and other noxious forms of treatment.

Eighth. Finally, the committee would strongly recommend in the medical colleges throughout the country more attention be given by the faculties to the course of ophthalmology, making it as long and thorough as the requirements of other branches will admit. The committee is fully aware that in making these statements and recommendations regarding the causes and prevention of blindness it simply formulates in brief what is for the most part well known from similar observations made in other countries. It is hoped, however, that the action of this body in recognizing formally the importance of the subject may draw to it the notice of practitioners in general, and it seems fitting that a society whose object is the advancement of ophthalmology should also be the pioneer in any combined effort of the profession for the prevention of blindness.

LUCIEN HOWE, M. D.,

SWAN W. BURNETT, M. D.,

JOSEPH A. ANDREWS, M. D..

In closing the compilation indicating the present status of the laws and action of various bodies in relation to the prevention of blindness in this country, the writer would respectfully suggest that a committee be appointed to consider the desirability of furthering legislative action in this direction in the State of New Jersey, and that the committee if appointed be requested to formulate a suitable plan of action and to present drafts of circulars and proposed laws at the next meeting of this Society.

THE CURATIVE ACTION OF SALOPHEN.

By ROBERT GERHARDT, M. D.

[Inaugural Dissertation, Jena, 1893.]

IF we compare the results obtained by various observers from salophen, we find that as regards its action in acute articular rheumatism it closely approaches the salicylate of soda, but it is to be preferred to the latter on account of its tastelessness and innocuous character. In chronic articular rheumatism its effect is very doubtful, although it may be given a trial in connection with the other remedies. In a few cases improvement has been obtained from its continued use, but in most instances its

effect has been slight. As an antipyretic it is of no value except in febrile rheumatism. As an antiseptic it has proved ineffective.)

In cystitis a favorable result was observed in a single case. On the other hand, the anti-neuralgic effect of the remedy has been demonstrated by numerous cases

In the Medical Clinic of Jena, salophen has been chiefly employed in acute and chronic articular rheumatism, only a few cases of neuralgia came under observation, so that little opportunity was afforded for giving it a trial.

I will now report the cases in which it was employed:

CASE 1. F. H., domestic, aged twenty-one, was admitted January 18th, 1892, having suffered for eight days from pains in the right knee and ankle joints. Both joints are somewhat swollen, the skin over them reddened and hot, movements painful and somewhat restricted, tenderness in right popliteal space. No fever.

Patient received on the evening of admission salophen, one gram, and afterwards five grams daily in fractional doses.

January 20th, the pains were much less severe and had completely disappeared on the 25th, while the joints were normal. No after effects were observed. February 4th, patient discharged cured.

CASE 2. Karl M. Shoemaker, aged forty-three, was admitted July 30th, 1892, and had suffered twice before from articular rheumatism, the present attack being of five days' duration. Pains in left wrist joints, in both knee and ankle joints and in the right elbow joint. Headache, profuse perspiration, the left knee and both ankle joints swollen. Patient scarcely able to move. Temperature 39° Centigrade.

Treatment was commenced with salicylate of sodium, which was given in amount of five grams during the first day. The temperature fell to 38° on the following morning, and in the course of the day to the normal level. The pains continued, although somewhat diminished in intensity. As the patient, however, complained of profuse sweating and tinnitus aurum the salicylate was discontinued and salophen given six times daily in doses of one gram. August 1st, patient

felt considerably better and complained only of fugitive pains in the right shoulder. After administration of salophen tinnitus no longer experienced, but profuse perspiration.

August 4th, pain had completely disappeared, and swelling almost gone, salophen was discontinued and the salicylate of sodium resumed in doses of four grams *pro die*. No recurrence ensued and patient was discharged cured August 18th.

CASE 3. August W., tailor, aged twenty, had suffered from an attack of articular rheumatism during Christmas 1891. At that time the foot, knee and wrist joints were affected. Four weeks before admission he had suffered for several days from painful swelling of the left knee, and since three days from severe pains in the left wrist joint.

On admission, May 29th, 1893, the anterior surface of the lower extremity of the left forearm, especially the extremity of the radius was very tender, and the wrist joint and back of hand swollen as far as the fingers. Mitral insufficiency with good compensation. Temperature 37.6° .

June 1st, increased pain and swelling of the left wrist and dorsum of the hand as far as the finger ends, Temperature 38° . Salophen administered in evening in one gram dose.

June 2nd, no change, salophen, one gram, four times.

June 3rd, swelling of fingers and back of hand diminished. Patient able in the evening to move hand and fingers without pain. Temperature 37.6° . Salophen one gram, three times.

June 4th, slight pains in both elbow and shoulder joints, no objective signs. Salophen one gram four times daily until the sixth. June 7th and 8th, daily dose increased to two grams. The slight pains in elbow joints persist.

From June 9th, patient received daily two grams salicylate of sodium. The pains disappeared on the 12th, but returned on the 13th.

From June 14th, salophen resumed in three gram dose *pro die*.

June 16th, only slight pricking in right shoulder joint.

June 17th, pains have disappeared.

July 6th, patient discharged cured.

CASE 4. Paul M., waiter, aged six-

teen, admitted May 31, 1892, had been attacked four days previously with swelling and pain, first of the feet and then of knees, hand and shoulders, together with feelings of heat, perspiration, languor and inability to walk.

Status, May 31st, the ankle, knee and wrist joints, and the joints of the toes and fingers were painful, swollen, red and hot to the touch. The left elbow and left shoulder joints were red and hot, painful but not swollen. Active and passive motion in the affected parts carried out with difficulty. Area of cardiac dullness not increased, first heart sound at the apex muffled, somewhat impure, second pulmonary sound not accentuated. Temperature 39.2° .

Patient received on the evening of admission one gram of salophen, June 1st, one gram three times. June 2nd, one gram four times, and during the following days one gram four times daily.

June 2nd, redness, swelling and tenderness of the wrist, ankle and finger joints diminished. Pains in shoulder joints more severe, and movements greatly impaired.

June 3rd, No fever, pains in joints have almost completely disappeared, being slightly felt during movements. Redness and swelling diminishing (four days). In connection with the first sound at the apex of the heart, a slight murmur is heard.

June 5th and 6th, patient free from fever and pains.

June 7th, recurrence, temperature elevated to 38.6° , swelling and painfulness of the right wrist joint. Under treatment with salicylate of sodinm these symptoms disappeared in four days. The patient complained, however, of the bad taste of the salicylate, and from June 15th on, salophen was again administered in one gram doses thrice daily.

June 18th, second recurrence, fever to 38.6° , pains in both shoulder joints. Salophen, three grams, *pro die*.

June 20th, absence of fever and pains (three days.)

June 28th, and subsequently salicylate of soda administered in three gram dose, *pro die*.

July 2nd, mild fever and slight pains in ankle joints.

July 6th, pains have disappeared.

July 17th, patient discharged cured with well compensated mitral insufficiency.

CASE 5. August N. aged thirty-one, servant, sick for eight days. Disease commenced with pains in both hip joints which disappeared, then in both knee joints and in the right elbow joint. In connection with this great lassitude, anorexia, chills and fever, profuse sweats.

Status on admission, November 23, 1892: Both knee joints and the right elbow joint markedly swollen and painful, not reddened, but held immovable by the patient.

The left knee is tensely distended, with distinct fluctuation, ballotment of the patella in the right knee moderate effusion and fluctuation; in the right elbow joint some fluctuation between radius and humerus. Heart normal, temperature 39° at mid-day.

Patient was given daily salophen six grams, in divided doses, later, seven and eight grams.

November 24, no essential improvement. Patient complains of pains in the left elbow and ankle joints. Temperature somewhat reduced (maximum 38.6° .)

November 25th, pains less severe.

November 26th, decided improvement (four days). Patient got up at night and walked a short distance without experiencing any pain. No pain during voluntary movements of the knee joints.

The left knee somewhat larger still than the right; the ankle joints also movable. Slight pains in the elbow joints, but none in the hip joints. At the apex of the heart a faint murmur following the first sound is heard. In the evening the temperature rose to 37.8° and in connection with moderate pains a swelling developed on the three middle fingers of the right hand in the region between the metacarpo-phalangeal and inter-phalangeal joints. Patient experiences pains in moving these fingers and the thumb.

November 27th, swelling of right hand subsiding, but in connection with fever up to 38.7° a similar swelling appeared on the left hand. Knee perfectly painless and free from exudation.

November 29th, patient free from fever and pains. Swelling of joints completely gone.

December 6th, during the first fourteen days one hundred and eight grams of salophen have been administered without toxic effects, and only occasional periods of profuse sweating. Appetite good during the periods of apyrexia. Area of cardiac dullness somewhat expanded toward the right side, and at the apex of the heart a distinct systolic murmur (mitral insufficiency). Salophen discontinued.

December 9th, pains in both shoulders, hands, knees and in the lumbar spine, attended with elevation of temperature. Salophen, one gram, administered six times. Pains become more severe.

December 10th, salophen one gram eight times.

December 11th, salophen one gram ten times.

December 12, pains less severe.

December 13th, only slight pains in shoulder during passive movements.

December 17th, joints perfectly restored to a normal condition. Salophen was well borne in three large doses, although producing profuse sweating.

December 15th and following days, salophen administered in one gram doses six times daily. During December 19th and 20th, the drug was discontinued, and salicylate of sodium three grams daily substituted. As early as the second day of its administration, however, headache, tinnitus aurum, anorexia, vertigo and profuse sweating occurred, and for this reason it was discarded and the use of salophen six grams *pro die*.

December 28th, second recurrence, without fever, all the joints again markedly painful. Prescribed salophen eight grams *pro die*.

January 1st, 1893, pains have disappeared in four days.

January 13th, third recurrence with slight fever, pains and swelling of right knee.

January 17th, pains have disappeared.

The impairment of motion of the right knee slowly subsided. From January 22nd the patient received in place of salophen the salicylate of sodium, which was now well borne, in six gram doses *pro die*.

February 20th, patient discharged

cured, with well compensated mitral insufficiency.

CASE 6. Andras R. aged eighteen, servant, has suffered for about three weeks from conlimious tearing and burning pains in the legs, with swelling of the right knee and impossibility to walk. Since eight there has been also swelling of the right shoulder joint, attended with pains.

Status on admission May 31, 1892, the right knee joint markedly swollen and painful, and can be flexed at a right angle only with difficulty. Circumference of right knee 32 cm., of the left, 29 cm. The right shoulder joint swollen and painful; and arm can be flexed only to an angle of 60 degrees. At the apex of the heart a slight systolic murmur. Area of cardiac not enlarged. Temperature 38°.

Patient received three times daily one gram salophen, some days as much as six grams. The pains usually exacerbate at night, but if an additional dose is administered, disappear in about an hour.

June 7th, joints less swollen and painful.

June 8th, more intense pains in the previously affected joints, and also in the left shoulder, ankle and knee joints.

Condition later is variable; pains sometimes become slighter, and even subside altogether for a time, sometimes they become more severe, being occasionally combined with slight elevations of temperature. In general, slow, gradual improvement the attacks of pain diminishing in frequency and severity.

From June 28th to July 12th, salicylate of sodium administered at first in doses of three grams then of four grams daily. No essential change in course of disease. Patient complains of bad taste of the remedy.

From July 13th, salophen resumed in doses of three grams *pro die*. Slow improvement.

July 15th, circumference of right knee 30 cm. Attacks of pain less frequent and not very violent.

July 19th, patient began to walk about. Salophen continued in three gram doses daily in connection with massage. Pains subside gradually and completely. When discharged August

14th, patient was able to walk quite well, and the arm could be raised almost to the normal height.

CASE 7. Christine A., domestic, aged thirty, admitted December 16th, 1892, had suffered for four weeks from fever, swelling and pains in the left foot, later in the left hand and right shoulder. Patient had been under medical care before admission, and the pains and swelling of the foot had subsided. The joints of the fingers and the wrist joint on the left side are reddened, swollen, hot to the touch and painful, the back of the hand being markedly oedematous. On the right side, the metacarpo-phalangeal joints are somewhat reddened, swollen and painful. Movements in the right shoulder are very painful and much restricted. Area of cardiac dullness enlarged toward the right side, at the apex of the heart a systolic murmur. Temperature 38.8°.

Patient was first treated with salicylate of sodium six grams *pro die*. The pains became less severe, subsiding entirely in the right hand, but recurring with great violence in the left hand and right shoulder. Besides these, continuous tinnitus aurum, deafness, anorexia and profuse sweating.

December 22, on the trunk and extremities isolated red patches, beneath the right clavicle a large vesicle.

From December 23, salophen, one gram six times daily administered; altogether patient received eighty grams. The remedy was well borne, and only occasionally she complained of slight ringing in the ears. The appetite became better, and a general subsidence of the pains was observed.

The impairment in movements and the oedema of the left hand remained almost unchanged so that it was found necessary to resort to massage and absorbent facients.

The slow improvement persisted, even when the salophen was replaced by salicylate of sodium three grams *pro die*, which was now well borne.

CASE 8. Herman Z., locksmith, aged thirty-two, was admitted August 17th, 1892, with acute articular rheumatism in the left ankle joint, both knee and shoulder joints, and in the right sternoclavicular joint. An examination at

the time of admission revealed an insufficiency of the mitral valve and considerable sugar in the urine. Temperature 39°.

Patient was at first treated with salicylate of sodium, six grams *pro die*, but as this remedy was badly borne, salol four grams daily was resorted to without effecting a cure of the rheumatism. The affection of the hands was rapidly improved, but in the left knee the swelling and pain considerably increased, but the left ankle joint remained unchanged. There was a continuous of moderate intensity.

From September 11th the salophen was administered in one gram doses four times daily. The remedy was better borne than the drugs previously employed, but had no pronounced effect.

The swelling of the left knee somewhat decreased and the pains became less severe, but did not disappear. Elevations of temperature up to 38.5° frequently occurred.

After fifteen days' administration salophen was discontinued. Later improvement was obtained by long continued fixation of the leg by a plaster of Paris bandage followed by massage.

CASE 9. Margaret H., aged twenty, had suffered since December, 1890 from chronic articular rheumatism with severe mitral insufficiency. The joints of the fingers and the wrist, shoulder and elbow joints thickened. Movements of these joints much restricted and painful. Same condition in joints of the lower extremities.

Head can be moved only with difficulty, the face is turned toward the left side. Pain in articulations of the jaw, incisor teeth can be separated only a short distance. Patient lies almost immovable in bed, sitting impossible. Frequent attacks of violent pains in the affected joints.

Patient has been under treatment since August 1891, and almost all the customary remedies have been employed without success.

From June 1892, salophen one gram three times daily administered for a long time. Altogether 211 grams were used, without any influence upon the pains or the other symptoms. No disagreeable after effects observed.

CASE 10. Karl F. aged thirty-one, mechanic, admitted November 9th, 1892, gave the history of having suffered since 1874 from paroxysmal pains especially in the right hip joint and sacral regions.

Motions of the right hip joint much impaired, the leg is rotated markedly to the outside and the trochanter one centimetre above the Roser-Nelatou line. The lumbar vertebrae are in a marked condition lordosis. Diagnosis. Arthrites deformans.

Patient received salophen four grams *pro die*. The pains rapidly improved, and disappeared completely after several days, but recurred with variable intensity. December 5th, the patient was discharged considerably improved at his own request. Latterly he had complained only now and then of pains in the ankylosed hip joint. Salophen was well borne during the entire period of its administration, and only once was tinnitus aurum experienced.

CASE 11. Mathias B., coachman, aged thirty, admitted December 31st, 1892, had suffered for three weeks from pains in the left leg which appeared suddenly after bodily exertion. These were slight when he was resting but became more violent when walking. The sciatic nerve is sensitive to pressure at all its superficially lying portions. Distinct painful points are found midway between the spine of the ischium and the trochanter, at the head of the fibula, and behind the external malleolus.

Patient received salophen six grams, *pro die*, for six days without effect.

I subjoin two cases which cannot be regarded as typical instances of the disease. In the one case there were present articular pains occurring in the course of chronic gonorrhea, in the other obscure pains in the legs.

CASE 12. Alwin M., tailor, aged twenty-four, admitted July 3rd, 1892, suffering from chronic gonorrhea, July 11th, pains in the left shoulder and knee, which disappeared after administration of one gram salophen, but returned the evening of the following day. They again disappeared after administration of one gram of salophen, which was continued in the same doses three times a day. Under this treatment only slight pains occurred, on July 14th, in the left

shoulder and knee, and on the 16th in the right knee. Salophen was well borne.

CASE 13. Paul H., merchant, aged seventeen, was admitted February 24th, 1893, with the history of having suffered since 1889 from fugitive and lancinating pains in both legs and hips. These were always present and especially violent at night. Movements of the legs, both active and passive, can be carried out painlessly. Percussion of the spine is quite painful in the lumbar. The left sciatic nerve is somewhat painful on deep pressure; at the head of the fibula and further downward it is not abnormally sensitive to pressure.

From February 25th to March 2nd, patient received salophen, one gram, six times daily. The pains became less severe, but as the area of tenderness over the spine pointed to disease of the vertebrae, patient was referred to the surgical clinic with the diagnosis of tuberculous disease of the spine.

Besides the above mentioned cases which were treated in the clinic, salophen was tried in three cases in private practice.

CASE 14. N W., female, aged thirty-one, suffered from violent pains on the left side of the face and head, due to exposure to cold. Salophen administered twice or three times in doses of one gram, afforded much relief, and after eight doses given within two days, the pains completely disappeared.

CASE 15. K. L. physician aged twenty-six, had suffered for three days from general malaise, headache, anorexia, slight fever. On the fourth day he complained of backache and inability to bend the spine. In the course of the afternoon and evening salophen four grams was administered and on the following morning the pains had disappeared and the patient's condition was perfectly normal.

CASE 16. K. H., laborer, aged forty-five, was attacked March 11th, 1893, with violent pains in the right hip joint.

March 14th, patient's condition was as follows: The right leg can be flexed at the hip joint without pains, but movements of rotation and abduction are very painfully impaired. Externally nothing perceptible. No fever. Salophen ordered in one gram doses four times daily.

March 15th, no improvement, right knee joint also painful.

March 16th, pains somewhat relieved.

March 17th, pains such less severe, patient able to get out of bed. Referred to his lodge physician.

From these histories of cases it appears that in recent cases of articular rheumatism that salophen in doses of four to six grams *pro die* exerts a distinctly favorable influence upon the diseased joints. The pains and fever disappear first, then the mobility is restored and the exudations undergo absorption. On the other hand, the frequency of recurrences and the implication of joints not previously attacked during the treatment must not escape attention and warns us against entertaining too high expectations. In the five cases which remained under observation until the end of treatment, extension of the disease to other joints and recurrences were observed in three instances. The recurrence, however, usually subsided promptly under the salophen treatment, although in case three improvement of the newly attached joints was slow, and in case five an impairment of motion persisted for some time after the last recurrence.

In case two, in which salicylate of sodium was not well borne, a more decided improvement followed the use of the salophen than after the former remedy.

Moreover, salophen proved perfectly innocuous even in ten gram doses. After effects were rarely observed, profuse sweating occurred infrequently and in two instances there was slight tinnitus. It was well tolerated by the stomach, and the appetite which in some cases where salicylate of sodium had been administered had deteriorated, became better under the salophen treatment. In cases six to eight in which the disease existed several weeks before the employment of salophen the remedy acted less favorably than in recent cases. In case six the pains which appeared at night subsided regularly about one hour after administration of a second dose, but the improvement was slow and remained the same after treatment with salicylate

of sodium three grams *pro die*. In the other two cases the improvement was even less pronounced.

In the case of severe chronic articular rheumatism, salophen proved as useless as the other remedies although more than 200 grams were consumed, while in a milder case of arthritis deformans it effected some improvement of the pains. A comparison of the above observations with others that have been published leaves me to believe that salophen is well worthy of use in acute articular rheumatism, as it is nearly as effective as sodium salicylate and preferable on account of the absence of after effects. It is especially worthy of a trial in cases of dyspeptic disturbances. Owing to its tastelessness it is to be preferred in children's practice.

In chronic articular rheumatism improvement may be obtained in some cases by continued administration of salophen, while in others no favorable results are observed.

In neuralgias and other painful affections the remedy deserves further trial, since excellent results have been noted in some cases.

Jas. Webb Booth, M. D., of Hartford Conn. writes under date of May 4th, 1893: "I have found that a mixture like the following has had wonderful effect in pleurisy and la grippe :

R	Ammon. Bromide	℥iii
	Ammon. Carb	℥i
	Antikamnia	℥ss
	Mucil Acacia	℥i
	Tinct. Aconitine	gtt.xx
	Syr. Tolu	℥ss
	Aqua	q. s. ℥ii

M. ft. Sig.—Take one teaspoonful in water every three hours.

I use this when I find not only inflammatory and febrile symptoms, but when there is a high nervous tension and restlessness with insomnia. When the case is pneumonia, I drop the ammon. bromide and increase the ammon. carb., add Wine Antimony Tart and blis-
ter.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

MANAGING EDITOR.

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MEDICAL EDUCATION IN THE UNITED STATES.

THE time is at hand when the various medical colleges throughout this country begin their annual sessions, and many thousand students will begin their education for the practice of medicine. It is pleasing to note the changes from year to year toward the advancement of medical science, and the progress that medical schools must maintain in their curriculum to keep abreast of the times. Formerly one or two years of study in a medical college, comprising only from six to twelve months, constituted the course required. Now such a term of medical education would be considered a travesty on the name "physician." The various branches of medicine are enlarging to such a degree that soon it will become a necessity for all first-class colleges to exact a full four years' course of nine months annually. Many are doing this already.

Most of our medical institutions are also requiring a well founded preliminary education. This is as it should be. The day of the ignorant, uneducated doctor is past. The public require brains and thought of those to whom it shall intrust its health and disease. Let the charlatan and quack expose his ignorance through his subtility, if we ever expect to annihilate them it will be through superior education, thought and research which command confidence, rather than by statute laws or questionable trickery in methods.

The student of medicine must enter his studies with determination, zeal and interest, else he might as well give up the fight at the start and turn his hand to something to which he is better adapted. Professors of medical colleges are tired of attempting to teach the listless and careless, those who make the lecture room a play-house, and the college buildings a lounging place.

It is noteworthy in the line of advancement in medical education, that the U. S Government has recently established a Department of Instruction in connection with its Naval Laboratory in New York, where the newly accepted assistant surgeons are sent for additional instruction in hospital work, sanitary science and hygiene.

PAN-AMERICAN MEDICINE AND A PAN-AMERICAN LANGUAGE.

OUR Pan-American Congress has been held, and we may say that it was very successful, considering the difficulties and confusion necessarily incident to conducting parliamentary bodies, in which, two or three different races participate; and, as in many various languages. There were there the pure Castilian, the Indian admixture, the full-blood-negro and the mulatto; besides as as the great majority, the American An-

glo-Saxon. There were few or no representatives from the Dominion of Canada.

Unfortunately the average American physician has little or no knowledge of any language except his own; for a speaking knowledge he has none.

This is not as it should be; as every physician, before he is given orders, as it were, to go forth and administer to his fellow-man should have at least a theoretical knowledge of French.

We do not, so speak because we have any preference for this language, as its construction and enunciation are much more difficult than other modern languages, but, because it is the traveling language of the world; and to one at all familiar with Latin, is comparatively easy.

But, inasmuch as our American Continent is a world in itself and probably with time, we will rather elect to travel over and spend our money in our own Continent than in Europe; let us at all events have a language which all Americans can understand.

It has been seen, that there is no incongruity in Pan-American Medicine, but is it possible or practicable to formulate an *American* language?

Recently we animadverted on the question of Pan-American degrees in medicine, and declared them impracticable; but the same objection does not hold in regard to a common tongue. The language which we speak, is a heterogeneous combination of French, German, Gaelic and others.

Now is it feasible or possible, to organize a language, of a compromise character, which will, like the English, commend itself by its simplicity and strength, a sort of compromise, between the French, German and English.

Such a thought may seem, at first sight, chimerical and visionary, but when our Canadian brethren at the north

and the Castillians at the south, are joined to our sisterhood of states, the question of a common language for all will be the dominant one.

Physicians, of whom the public expects a culture above the ordinary level, should certainly master more than one language. In fact through our limited knowledge in this direction more than half of the most beautiful gems of literature are shut out from us.

Annotations.

THE DEATH OF CHARCOT.

WITH feelings of deep regret, we learn through our Parisian exchanges, of the death of Jèan Martin Charcot. In the death of this eminent *savant*, the professional world loses the most eminent alienist, profound philosopher, and erudite teacher of this century. The literary yield of this great physician was simply stupendous, and, for its clear perspicuous, elegant style, with originality and fullness of detail, was scarcely rivalled by any other contemporaneous writer.

Jèan Charcot was born of humble parents, in the month of November, 1825. He received the doctorate degree in 1853. In 1862 he was attached to the alienist department of Sal pe triere, shortly after which event, he launched the *Archives de Neurologie*.

Endowed with a marvellous capacity for mental application, he soon printed other journals: notably, among which are, "*La Revue De Medicine*," "*Archives De Pathologique*," "*Experimentale et el Anatomie Pathologique*," and, "*Nouvelle Iconographic de la Sal pe triere*," besides, "*Leans du March et Clinique de Malades des Systeme Nerveux*."

Many, and the most eminent, are among the multitude of students who crowded to sit at the feet of this modern Hercules.

In physique, Charcot was of medium size, with a clean shaved face, and a superb Roman mould of features.

Socially, unpretentious, simple and sweet of manners; none who have ever

shared a quiet half hour with him can ever forget the charming, elegant bearing of their host.

In Charcot's death, France loses one who has shed lustre on French medicine and the most illustrious of the nation's servants. And, as he passes from among us, "on that journey which knows no ending," we of his craft, so deeply in his debt, the whole professional world, reverently bow our heads, for one who loved, honored and exalted his calling, and was a living example of what may be accomplished by patient investigation and honest toil.

PHYSICAL REST IN TREATMENT OF CHLOROTIC ANEMIA.

FREDERICK TAYLOR M. D., F. R. C. P. in *The Practitioner* for September, in a valuable communication, lays particular stress upon the value of absolute rest in connection with the treatment of chlorotic anemia by iron. Against fresh air he has nothing to say so long as it does not involve exercise either by walking or riding. The worse the case of anemia the more absolute should be the rest. Patients suffering the more severe forms of the disease should be kept absolutely in bed, while the lighter forms are allowed to rise a few hours in the afternoon.

THE SUGGESTION OF A LETHAL CHAMBER FOR THE EXECUTION OF CRIMINALS.

IN the Birmingham Home for Lost and Starving Dogs, Birmingham, England, the following process for the execution of animals is adopted which might be advantageously carried out in the execution of criminals condemned to death in this country :

"An air-tight box, in shape like a big dog kennel is built of best seasoned pine. The interior is padded with thick felt, which retains the anæsthetic, and so keeps up always a semi-lethal state. Access to the chamber is obtained from the front by a double set of doors ; the exterior one, which is hung on strong hinges, and falls back, answers the double purpose of a resting-place for the cage, and when closed makes the compartment additionally air-tight and secure ; two other fold-

ing doors open inwards as the cage is pushed in, and swing back again immediately it is withdrawn. The process of charging the chamber is arranged from the top. A metal receptacle receives the fluid, under which a spirit-lamp is placed ; this heats the methylated chloroform, the fumes from which descend through two small pipes into the chamber ; the chloroform, being the heavier, forces the air out through two escape tubes on the roof, and when the spirit has evaporated, which is proved by a small tap attached to the boiler, the cage, containing, perhaps thirty dogs, is rapidly pushed through the folding-doors, the outer one is also immediately closed, and by this time the dogs are unconscious. No sound of distress is heard that can possibly betray symptoms of pain, and their calm repose, when the cage is withdrawn, demonstrates clearly that they passed away in a final, but painless, sleep. Dr. Richardson, the inventor of this merciful contrivance, says that death by anæsthesia is typically represented in death by chloroform, not by asphyxia, which is typically represented in drowning or in immersion in carbonic acid gas."

The above described apparatus is by far the most humane instrument of death and stands ahead on every ground of practical readiness and certainty.

Bureau of Information.

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TIMES AND REGISTER,

1725 ARCH STREET, Philadelphia, Pa.

I WOULD like to add the results of my experience with sulpho-carbolate of zinc in summer diarrhea, to the mass of testimony in its favor, and congratulate you on the fact that it is principally by your influence that it is so extensively and so successfully used.

E. W. BING.

Book Notes.

The Illinois State Board of Health have recently published a pamphlet entitled "Zymotic Diseases in Chicago," which is intended to illustrate their Sanitary exhibit at the World's Fair. Special reference is given to the mortality per centages of typhoid fever in the large cities of the United States, and tables showing the sanitary statistics of Chicago are appended.

The Medical Digest.

LEECHING IN A CASE OF UREMIC COMA.

In the beginning of the year 1873 I was called to a young lady, eleven years of age, who, after an attack of scarlet fever, was seized with uremic coma. I found her partly unconscious, with convulsions, with slight strabismus, with the pupils widely dilated, and with the temperature of the body normal. The urine she passed was richly albuminous. I suggested the immediate abstraction of blood from a vein, but was so strongly opposed, I did not urge the practice. As the symptoms in a few hours became much more imminent, consent was given that I might take blood by leeches. I seized the opportunity, and I carried out the bleeding as effectively as if blood had been taken from the arm, removing by relays of leeches applied over the loins fully eight ounces of blood. The relief afforded was immediate; and the temporary congestion relieved, the patient continued to improve until she made a perfect and rapid recovery.—Sir Benj. Ward Richardson, M.D. F.R.S. in the *Asclepiad*.

EFFECT OF BLOOD-LETTING FOR THE CURE OF LIGHTNING SHOCK.

Our forefathers were satisfied as to the good effects of blood-letting in cases of lightning shock. Dr. Macaulay, an able naval surgeon of last century education, has left on record the history of a man who, struck down on deck by lightning and being entirely insensible, was brought to consciousness and recovery by the rapid abstraction of over forty

ounces of blood. I have not myself had the opportunity of treating a case of lightning shock in the human subject, but an experience of another kind bears directly upon the value of the remedy in such cases. In experimenting with the great induction coil at the old Polytechnic, I tried to kill large animals—sheep—painlessly by an electrical discharge derived from a Leyden battery set "in cascade," and presenting ninety-six feet of surface. This shock is identical with the fatal intense shock of lightning, and by passing it once through the body of a sheep it rendered the animal instantaneously unconscious, to all appearance dead, and, as I found by one line of experiment, actually dead, if nothing more were done to it. But in another line of experiment the animals so soon as they were stricken were removed by the butcher, and were subjected to division of the vessels of the neck in the usual manner of killing in the slaughter-house. At first blood flowed very slowly from the operation, but in a short time the current became freer, and, as it became free, the phenomena of active life, previously suspended in the animals, returned. There was, for a moment or two, return of consciousness, of motion, of struggle, and those proofs of life that an animal passes through, previous to convulsion, when it is submitted to slaughter without shock.

If we connect the experience of those of our predecessors who have successfully employed blood-letting for the cure of lightning stroke with the experimental facts I have here adduced, the inference is, I think, as fair as inference can be, that blood-letting is the remedy for the effects of the shock of lightning, experiment, equally with experience, becoming of clinical value.

ALBUMINURIA AFTER LABOR.

Aufrecht (*Centralbl. f. klin. Med.* No. 22, 1893), examined the urine in 32 patients, in good health and without gonorrhea, before labor, immediately after, wards, and again twenty-four hours later. The catheter was always made use of and precautions as to cleanliness employed, the result being that no albumen was found before or twenty-four hours after labor, but 18 of the above

patients showed albumen, varying in quantities from 0.002 to 0.0005 per cent. in the urine drawn off immediately after parturition. Boiling, nitric acid, and Erbach's quantitative test were applied to each specimen, and microscopically the albuminous urine contained epithelial cells, and in one case blood corpuscles, but never casts. The labors were all normal, and the puerperal period gave no trouble. The author considers that the violent expiratory efforts cause a temporary venous obstruction and consequent albuminuria. From these observations he draws the following practical conclusions: (1) As regards labor, the urine should be examined immediately beforehand; if albumen be present, labor should not be allowed to continue too long, in view of the probable increase of albumen; should eclampsia occur, its cause may lie in the state of the urine, and parturition, if practicable, should be accelerated. (2) As regards the pathology of the kidney, it is shown that albumen may exist without casts; these are therefore probably an accompaniment of a congested kidney and a product of inflamed epithelial cells.

MICROBES OF THE EAR.

Martha (*Ann. des Mal. de l'Oreille*, July 1892), examined fifty cases, and found staphylococci twenty-seven times, streptococci eighteen, bacillus pyocyaneus twice, a number of saprophytes many times, but never the pneumococcus. He holds that "there is no well-defined clinical form corresponding to the presence of these different microbes." He insists on vigorous antiseptics of the ear and of the mouth, as also of the instruments and medicaments. Instruments demand greater care than is usually bestowed on them after use; mere dipping in antiseptic solution and wiping being insufficient. Cotton wool should be rendered and kept aseptic before use, as many specimens in the possession of patients were found to be infested with microbes.

THINGS WORTH REMEMBERING.

It is authoritatively stated that headache almost always yields to the simul-

taneous application of hot water to the feet and back of the neck.

Ordinarily one woman in eight is sterile, but among women who have fibroids one in three is sterile. (Parvin.)

In facial erysipelas, where you cannot conveniently apply ordinary means, paint the part with a 10-per-cent. iodoform collodion. (Prof. Gross.)

In posterior displacements of the uterus, always replace the organ before introducing a pessary; the frequent failure of its use is generally due to this cause. (Parvin.)

Where there is a collection of foreign matter, as pus, in the antrum of Higmore, extract the first molar tooth (or more, if necessary), and drain the cavity in this way. (Sajous.)

For specific vaginitis, Prof. Parvin ordered mucilaginous injections and warm hip-baths in the acute stage, followed by injections of 1:100 corrosive solutions and tampons of boracic acid and glycerine.

Gelsemium will often do more good in irritable bladder than any other remedy. It is especially adapted to those women of hysterical type troubled by irritability at the neck of the bladder, calling for constant urination.

Without exception, the first symptom of pregnancy is an increased frequency of the desire to micturate.

Rhus aromatica, or the fragrant sumach, which grows all through the Northern States, is strongly recommended for incontinence of urine in atonic states of the bladder. From ten to fifteen drops of the tincture are given three times a day.

Salicylic acid is highly recommended as an application to ring worm. It may be used as an ointment, but is much better as a saturated solution in collodion. One application is often all that is necessary to effect a cure, but it may be repeated if necessary. The pain caused is not usually severe.

Boro-tartrate of potassium is the first remedy for calculus in pelvis of kidney; a weak solution must be used, and for a long time, a strong being detrimental. (Bartholow.)

Drop into urine in a test tube a few drops of the tincture of gualiac, heat it

about 100°, and if it turns pale blue, pus is present in the urine.

Houghton, of Dublin, says that two hours of severe mental labor abstract as much vital strength from the system as a whole day of physical labor.

Unna treats 'red nose' with zinc-and-sulphur ointment externally and ichthyol internally. —*Mass. Med. Jour.*

SALOPHEN IN ACUTE RHEUMATISM.

Hardenberg reports ten cases of acute rheumatism treated with salophen, and sums up his observations as follows: "A fifteen-grain dose every three or four hours is frequently sufficient. In no case was there observed any toxic effect or gastric or aural irritation. The average febrile period was but six days, and the average total stay in the hospital but ten days. The pain was quickly relieved and no cardiac complications followed." These conclusions are in all respects in accord with the observations of Caminer and Frohlich and the later reports of Osswald and Koch, all of whom found in the pleasanter taste of the drug an advantage over the salicylates. In cephalalgia, pleurodynia and some cases of trigeminal neuralgia marked relief was obtained from small doses. In the severer cases of acute rheumatism, however, the German observers looked upon salicylate of sodium as still the best remedy. Drasche and Hoischmann both report cases of the elimination of the drug by the skin in a crystalline form exactly like the crystals of the original powder. If this is true, it throws doubts upon the supposed splitting up of salophen into a salicylate and a phenol in the system. The remedy is best given in powders.

—*Boston Med. and Surg. Jour.*

TROPACOCAINE.

This comparatively new alkaloid, isolated by Gieser from the leaves of the coca plant, is chemically allied to the atropine group. It has been extensively experimented with by ophthalmic surgeons, and according to Mr. George Ferdinands, it is more reliable in its action than cocaine proper, and effects the tissues to a greater depth. Moreover, it is stated

to have the advantage over cocaine of producing an anesthetic effect on even inflamed tissues, a very valuable, if authentic property. For general use a two to three per cent. solution is strong enough, and with a five per cent. solution anesthesia of deep-seated parts is obtainable. Further, the hydrochlorate of this base is remarkably stable and keeps well, when dissolved in distilled water, for months. The mydriatic action of cocaine, curiously enough, is not produced by its congener, nor are the tissues blanched as with the former. Altogether there seems to be a future for the new alkaloid in ophthalmic and laryngological surgery, seeing that the researches seem to indicate that it comprises all the qualities which ensured the prompt popularity of cocaine without the drawbacks of the latter.

—*Med. Times and Hosp. Gazette.*

SOME MEDICAL OPINIONS ON THE ABUSE OF ALCOHOL.

Dr. Higginbottom says: "That in a long and busy practice, in his opinion, its administration in typhoid and typhus fevers is injurious, and often fatal in its effects."

Dr. Richardson says: "That in a large private and hospital practice the stopping of alcoholic stimulants has been attended by a largely diminished death-rate."

Dr. Wilson, of Philadelphia, in his work on continued fevers says: "Alcohol forms no necessary part in the routine treatment of typhoid fever."

Sir Wm. Jenner says: "The large proportion of typhoid fever patients get along better without it from beginning to end."

Dr. Beaumont, Lecturer on Materia Medica in Sheffield Medical School, says: "I have treated several thousand cases of all kinds occurring in general practice without alcoholic liquors of any kind, and have been gratified with the result. The medicines take effect more potently and answer their end better."

Dr. N. S. Davis, of Chicago, says: "In my ample clinical practice I have for over thirty years, tested the medical uses of alcohol, and have found no cases of disease and no emergencies arising from accidents that I could not treat more successfully without any form of fermented or distilled liquors, than with them."

Furthermore, he says: "That if any one will take the trouble to examine and analyze carefully the records of the large general hospitals of both Europe and America for the last half century, he will find the ratio of mortality from general fevers and acute diseases to have increased *para passu*, with the increase in the quantity of alcohol consumed in the treatment.—*Medical Mirror*.

PERIOD OF INCUBATION OF THE INFECTIOUS FEVERS.

Diphtheria, two to seven days; oftenest two.

Typoid fever, eight to fourteen days, sometimes twenty-three.

Influenza, one to four days; oftenest three to four.

Measles, seven to eighteen days; oftenest fourteen.

Mumps, two to three weeks; oftenest three weeks.

Rubeola, two to three weeks.

Scarlet fever, one to seven days; oftenest two to four.

Smallpox, nine to fifteen days; oftenest twelve.

A saturated solution of carbonate of soda applied four or five times a day, is said to remove warts speedily and without pain or soreness.

AMENORRHEA AND CORPULENCE.

Lomer (*Centralbl. f. Gynak.*, No. 27, 1893) described before the Hamburg Obstetrical Society a case of extreme obesity following amenorrhea. The patient had become exhausted by prolonged lactation. She gained fifty pounds in a year, and was so fat that she could scarcely walk. She suffered badly from vertigo, flushings and epistaxis. The cervix was scarified: all the symptoms, especially the bleeding from the nose, disappeared; and the patient diminished in weight. Kirch, it was pointed out, has already practised abstraction of blood in the treatment of excessive corpulence.

HYDRASTININE IN UTERINE HEMOR- RHAGE.

Gottschalk, *Brooklyn Med. Jour.*, says hydrastinine may be employed:

1. First of all, in those uterine hemorrhages which are traceable to a pronounced congestion of the uterus. To these belong, above all, the often very profuse menorrhagias of spinsters, in whom there is no pathological change in the condition of the genitals. In some of these cases it is possible to obtain a permanent result, so that even after discontinuing the remedy the menstrual flow remains smaller.

2. Also in hemorrhages which have their pathological and anatomical cause in endometritis, hydrastinine will lessen the quantity of blood; but here, according to Gottschalk's experience, the action is only palliative, not being sufficient alone to cure the local cause of the trouble.

3. For prophylactic or intermenstrual use, hydrastinine is useful before or during the first returning profuse menstruation after an abrasion of the uterine mucosa. It is well known that this menstruation, usually occurring after six weeks, is often very profuse. In the very cases where there was great loss of blood before the operation, it is of great importance to prevent further profuse hemorrhage. This is possible if the treatment with hydrastinine is begun several days before the expected menstruation, and if necessary, continued during the duration of the menstruation.

4. Menorrhagias caused by retroflexio uteri are best treated by correction of the malposition; but for cases of fixed retroflexion, where the reposition is not yet possible, hydrastinine is a commendable remedy.

5. Secondly uterine hemorrhages—*i. e.*, those caused by a change of the adnexa and their surroundings—offer a large field for the successful use of hydrastinine. To these belong the menorrhagia and metrorrhagia with pyosalpinx, oophoritis, ovarian tumors, and exudations. Of course, the cause of the trouble is not influenced by the remedy.

6. Climacteric menorrhagias are much diminished by a faithfully carried out hydrastinine treatment.

A MECHANICAL TREATMENT OF PHTHISIS.

This treatment is produced as a new plan. It consists in mechanically ex-

panding the thorax, and of permanently enlarging the aerial capacity of the lungs.

The treatment is based upon the following facts :—

1. That the apices of the lungs are more susceptible to the deposit of tubercle than other parts of the lungs.

2. That the prevalence depends upon the deficient aeration of the upper parts of the lungs.

3. That this lessened aeration depends upon—(A) The mechanism of respiration; (B) Upon the general want of physical stamina of the patients, leading to a lessened effort at respiration, and a lessened ability to hold the body erect.

4. That all measures which tend to increase the vital capacity of the lungs, also tend to lessen the progress of tubercular disease, and to materially help the cure of that disease.

5. That whatever other remedies may be desirable, the increased aeration of the lungs with pure air is of immense value in the treatment of consumption.

Physicians having failed to kill the tubercle bacilli, it remains to render the soil unfit for the cultivation of these bacilli, in other words, to increase the vitality of the patients, so that the bacilli cannot thrive upon them. Various remedies—climatic, dietetic, medicinal and hygienic—are of very great value, but the greater increased expansion of the thorax persistently kept, up is an item in treatment which is undoubtedly of immense service, but which has never previously been carried out effectively.

The plan advocated is the only method by which a sustained condition of greater expansion can be effected while the patient is at the same time getting about, and carrying out all the details of treatment which come under the heads already quoted.

Reference is made to Dr. Silvester, the author of the Physiological method of inducing artificial respiration, who advocated a plan of exercise in a special chair for expanding the lungs: and although that treatment was followed by good results, yet it had not the sustained character of the mechanical plan here described.

The weight of the upper extremities is a source of depression to the ribs and

chest, and prevents free aeration of the lungs, limiting the vital capacity by about forty cubic inches.

The plan demonstrated consists in supporting the arms mechanically, so that the weight does not fall upon the thorax in the same degree, and by drawing them backwards and upwards, expanding the lungs, so that the thorax is permanently held in a better position.

Cases are quoted in which the author has found remarkably good results from this treatment, chronic cough having rapidly disappeared, dullness on percussion at the apices having cleared up quickly, and delicate phthisical-looking patients restored to a robust condition.

The author is careful to state that in advocating this new plan of treatment, it should be most thoroughly understood that he is not suggesting it in the place of other remedies. A combination of every measure to counteract the ravages of tubercular disease is necessary. Good atmosphere, carefully selected foods, massage, and various medicinal remedies are all required.

With regard to development of the chest by exercises, the author urges that a great many of the patients are far too feeble to be able to carry out prolonged systematic movements.

He considered a certain amount of drilling very good when the patient is sufficiently strong, but the effects thus produced will be infinitesimal in comparison with the result of mechanical development of the thorax.

The effect of the latter is *immediate, is continuous*, and is without the effort of the patient. The former process is *slow*, is interrupted, and is only produced at considerable, and generally harmful, expenditure of muscular exertion.

The apparatus which necessary to carry out this treatment is comparatively light, is felt as a great support and help by the patient; it does not interfere in the slightest with development, it allows perfect freedom of use to the muscles, and upon the whole is fully appreciated by the patient, on account of the personal comfort derived from using it, and the immediate and rapid benefits to the general health.

—Noble Smith, *Hosp. Gaz.*

PSEUDOCYESIS, OR SPURIOUS, FEIGNED,
AND CONCEALED PREGNANCY.

Diagnosis.—The differentiation between pseudocyesis and true or normal pregnancy is oftentimes one of the most difficult questions that a medical practitioner may be called on to decide. Thus, for instance; in the last-mentioned form of spurious pregnancy there is no possibility of discriminating with certainty between a myxomatous mole and the normal product of impregnation *in utero* before the completion of the fourth month of gestation, though in all cases the presence, if clearly recognized, of the objective or positive signs of pregnancy after that period would then of course, enable us to determine the question, as these can neither be simulated by disease nor counterfeited by design. In almost every case of pseudocyesis, however, it may generally be early ascertained that there is something unusual in the symptoms; either some essential one is absent, or else the symptoms that belong to one period of pregnancy manifest themselves at another, and commonly an earlier one than usual.

Until the fifth month physical examination affords us comparatively little assistance in such cases; and, as a rule, neither patient nor physician ever dreams of the possibility of the case being one of spurious pregnancy at a previous date. From that time the sounds of the fetal heart and, though with less certainty, the placental bruit should, under ordinary circumstances, afford the obstetric expert most unequivocal means of discriminating between true pregnancy and pseudocyesis. Nevertheless, I must still confess myself somewhat sceptical with regards to the value of the information thus obtained by many practitioners as an infallible test between these conditions. Even in the last month of pregnancy the non-distinguishability by an expert of the fetal heart at the moment of examination is *per se* no proof, as I have elsewhere shown, that the uterus may not then contain a living fetus. How much less reliable, therefore, is this negative evidence when employed, as it often is, at an early stage in such cases, and then perhaps by those who may be experts neither as auscultators nor as obstetricians! Moreover, the positive

proofs that are derivable from the skilled use of the stethoscope are by no means always reliable as diagnostics in such cases in the hands of the average medical practitioner. This fact I have but too often seen exemplified even by men of some experience who had been deceived into the belief that they could thus recognize the sounds of the placental bruit and fetal heart in cases where neither existed, and who, on the faith of this supposed evidence of pregnancy, pronounced in haste opinions which were subsequently repented at leisure.

The most generally reliable diagnostic test in such cases is that afforded by a properly conducted bimanual or conjoint abdominal and vaginal examination, by which the exact size and position of the uterus may be ascertained, as well as the causes of the enlargement, at least in the later months of the pregnancy. In those cases of pseudocyesis in which the patient, being anxious to be thought pregnant, contributes, as is often the case, to the deception by making her abdominal muscles so tense and rigid that it becomes difficult to determine otherwise the condition of the uterus, this may easily be done by examination under chloroform or ether. I need not, however, dwell on the diagnosis between pregnancy and those various morbid conditions by which it may be stimulated in cases of pseudocyesis, as the differentiation of uterine, ovarian, tubal, and other intraperitoneal tumors and diseases has been pointed out in previous lectures. Nor shall I occupy space here with any reference to the relative importance of the several symptoms and signs of normal pregnancy, inasmuch as I have nothing to add on this point beyond the facts that may be found bearing thereon in my edition of "The Dublin Practice of Midwifery."

Management of cases of pseudocyesis.—It would be useless to discuss the general treatment of pseudocyesis, inasmuch as this condition, as I have already pointed out, is but a symptom of various morbid conditions, psychological as well as physical, to the detection and removal of which our attention must primarily be devoted in the treatment of this disorder. Nevertheless, the management of such cases is a matter of great practical im-

portance ; in the first place the physician must disabuse the patient's mind from her illusory anticipation of maternity, and secondly he must employ whatever means are indicated by the special circumstances in each case for the improvement of her physical and mental health, and so restore her, if possible, to the enjoyment of that greatest but, unfortunately, rarest of blessings, the "*mens sana in corpore sano*."

With regard to the duty of undeceiving the patient in those cases of pseudocyesis of which the origin, as before stated, is psychological rather than physical, I may observe that I know of no task more unpleasant and thankless than which has fallen to my lot in some instances of this kind, in which I was thus compelled to disillusion women who, having persuaded themselves and those about them that they were pregnant, had made the usual preparations for the expected event. In such a case, too, I have more than once been called in consultation to the aid of a young practitioner who, unfortunately, had allowed himself, as well as his patient to imagine that she was not only pregnant but actually in labor. And under such circumstances I have found it no easy matter to smooth over the trouble in which both patient and doctor were involved, and to prevent the latter being (and perhaps not undeservedly), made the scapegoat for all the vexation of which a woman's wounded pride may be conceived capable under such circumstances. The possibility of pseudocyesis is, therefore, one that should never be lost sight in accepting an obstetric engagement ; nor should any case ever be booked down as a mere matter of routine, and without sufficient inquiry to prevent such an untoward mistake ; than which few errors of judgment could be more prejudicial to a practitioner.

In many instances the diagnosis between spurious and true pregnancy is by no means easy ; and hence, bearing in mind the frequency of cases in which the symptoms of gestation are either simulated or obscured by disease, as well as the possibility of this condition being wilfully feigned, I may again reiterate what I have learned from actual experience is a much-needed word of warning

with regard to the necessity of greater caution than is sometimes exercised by medical men in answering, without sufficient knowledge the often-asked question "Is the person in whose case we are consulted actually pregnant or not?" On our reply to that simple query may possibly depend the fair name of a girl, or the happiness of a wife, or even the very life of a condemned prisoner, in whose case the plea of pregnancy may be raised in stay of execution. Issues so grave are not to be lightly regarded or hastily disposed of ; and in his decision thereon, as in all other obstetric difficulties, the practitioner's judgment should be arrived at and acted on "*nee temere, nec timide*."

—T. Moore Madden, *Hosp. Gaz.*

WASP STINGS.

From nearly all parts of the country come doleful stories of the incursions of wasps, which do not confine their ravages to sugar basins and jam pots, but commit assault and battery of a painful though unheroic kind on the persons of Her Majesty's lieges.

A wasp sting may be a very trivial affair for all its pain, but when a large number of these creatures are disturbed, as in destroying their nests, very severe symptoms may be produced by the number of stings which are inflicted, extreme collapse sometimes following, partly the result of the pain, but largely as the direct consequence of the quantity of the animal poison injected. Occasionally, also, a single sting will be rapidly followed by an acute cellulitis, death from which, has in more than one instance been recorded. As regards treatment, the immediate application of ammonia, the liquor of the universally obtainable sal volatile, or the contents of a smelling bottle, seems to be the quickest in giving relief to pain, but any alkali will do, or, if there is nothing better to be had, the application of the freshly cut surface of an onion is useful. The local after treatment is really that of the cellulitis—carbolic or lead or spirit lotion. Perhaps it is as well, if the sting obviously remains in the skin, that it should be extracted, but it is certainly not wise to do so at the expense of injuring the surrounding tissues, es-

pecially mucous membranes. In cases of collapse from extensive stinging in feeble people warmth to the extremities with free stimulation by alcohol, ether, and ammonia, as in the case of snake bite, is the best course. The possible necessity of tracheotomy in the case of cellulitis and œdema of the larynx following stings in the mouth and pharynx, must not be forgotten.

—*Brit. Med. Jour.*

THE EXCESSIVE HEAT.

The continued excessive heat is producing its natural result in cases of heat-stroke and heat exhaustion. Whether these two conditions, the one with lowered temperature, the other with hyperæmia, are the direct result of heat, or whether, as seems more probable, they are due to poisoning by ptomaines or by some product of abnormal metabolism or excretion consequent on the lessened difference between the internal and external temperatures, in the one case affecting principally the heart, in the other the nervous system, we will not stop to inquire, the points of importance are that in cases of heart stroke the symptoms, as separate from the history, are chiefly distinguishable from apoplexy and opium poisoning by the high temperature, and that the free use of cold is essential in treatment. In India a patient attacked with cerebral hemorrhage on a hot day runs a fair chance of being treated for heat-stroke, if there be no one-sided paralysis whereas in England the converse would be the case unless the thermometer be carefully used, and for certainty in such cases its introduction into the rectum may be suggested. The cardiac cases are often hopeless from their suddenness, and would seem to be due to some inhibitory, possibly poisonous, influence on the cardiac ganglia. These severe forms, however, are but extreme examples of what has been described as heat exhaustion, a condition in which much may be done by timely rest in cool air, moderate stimulation, friction, and probably, where it can be obtained, the inhalation of oxygen which, when kept in the compressed form, is necessarily

cooled by expansion before being used. A considerable number of cases of faintness and of heart failure come under notice among stout people in hot weather, although one might hesitate to call them so, are really cases of heat-exhaustion; these people have only just enough heart power for ordinary occasions, and are readily knocked over by the heat, so that although when they come under treatment they are found to be suffering from heart disease, probably of old standing, the final cause of their breakdown must, in a certain number of cases, be attributed to that self-poisoning, whatever its nature may be, which is produced by prolonged exposure to, and especially exercise in, excessive heat. Among the secondary and even more common evils produced by the hot weather, are the results of the greatly increased tendency to decomposition of articles of food. Diarrhea fortunately is often produced, but where that does not occur flatulence, oppression of the heart, and all the minor symptoms of ptomaine poisoning are apt to occur in hot weather, purely from the fermentation of food which has been eaten in a state of incipient but undetected decomposition.

—*Brit. Med. Jour.*

A NEW FORM OF DANGEROUS EXHIBITION.

A medical practitioner recently exhibited some cholera bacilli in glass tubes in the New York Museum of Natural History. The occurrence was reported to the Board of Health, who sent a medical inspector to investigate the facts. On his report, the Board passed a resolution forbidding any such public exhibitions in future. The practitioner who showed the bacilli states that they were entirely harmless, having been killed by sunlight and exposure, and placed in tubes filled with Canadian pine. The Board of Health, however, is laudably determined to be on the safe side. If only other boards we wot of were as energetic in protecting us from live bacilli as the New York Board is in preventing the exhibition of dead ones, the sanitary millennium would be at hand.—*Brit. Med. Jour.*

News.

OBITUARY.

J. M. CHARCOT.

One of the greatest, perhaps the most successful physician of our age, died a few weeks ago, 68 years old. Many men from this country have studied under him, most of those who made a trip to Europe, went to see Charcot, the famous head of the Salpêtrière in Paris; and, indeed, there will be few professional men who have not spoken of Charcot as of one of our greatest authorities.

Charcot was not a man who conquered the world at once as a genius; he took a long time of conscientious work for his development. He shows what a man can become by systematic never relaxing labor. He was not the specialist in nervous diseases from the beginning; first of all the man, the character, the artist, the keen observer of disease and of human nature developed slowly, and this preparation took more than half of his life. When he obtained at last what he seemed to be destined for, the service of nervous diseases at the Salpêtrière, he was fully prepared to create the chair for this specialty and it did not take a long time before he had established a school which is perfectly unique in our time.

Charcot had a wonderful fascination for his surroundings, I don't know of another physician who had so many prominent and equally devoted pupils. There was a sort of discipline among all his pupils that encouraged him and facilitated his work wonderfully. This discipline shows itself in the same light in the great indisputable teachings, and in the polemic part of Charcot's work; every where the word of Charcot was the opinion and strong belief of the whole school; it is sometimes difficult for the outsider to understand what brought such a great number of deep and thorough observers to adopt without contradiction the word of the master.

Many a man has made greater discor-
dies than Charcot, without being able to create a school of such men as that of the famous Salpêtrière. In fact, most of the

discoveries commonly attributed to Charcot have been made before him by Duchenne de Boulogne, by Todd and by many others—but Charcot united all this work in himself, systematized it, assimilated it and finally with the large experience offered by the unique hospital and with the wonderful co-operation of the whole school he used them as the corner-stones of a fine monument which bears his name with full right, although ever so many stones seem to speak of some other observer.

Unlike most of his country men, Charcot had not an inborn talent for speech. But this drawback led him to very careful study and to a minute and detailed preparation of all his work, by persevering practice he acquired such a talent in vivid and precise description that probably many a talented orator could not have equalled him in his clinics. His exceedingly broad education, knowledge of art, of literature, of all the life that Paris can offer, and the marvelous memory for his medical reading—all worked together to give his lectures their attractive form.

Charcot has often been compared with the great German neurologists and clinicians, Why was he so much more attractive? German thought tends towards accumulation of detailed studies in a broad system, whereas Charcot tries to pick out points for an easy systematizing and after having made the skeleton of symptomatology, he goes over to the study of the individuality of the sick person before him. In clinical matters he is no longer abstract, as most of the German teachers are apt to be; his lectures were not intended to be abstract teaching, but a pleasant communication of what the whole audience could see.

There is no doubt that hysteria is Charcot's field *par excellence*; he has brought this vague and undefined disease under a precise and characteristic symptomatology. His name is probably too much connected with the problems of hypnotism; it seems that after the failure of finding a satisfactory explanation for "animal magnetism," he was not ready to accept the progress of the school of Nancy, but with great reluctance and sometimes even with a very marked sarcasm. It would lead too far to outline the history of this polemics; yet we find

in it more material for a psychological study of one of our greatest "authorities" than in any other line of his work.

It will be interesting to see the further development of the Salpêtrière School after the death of its famous head. It may be that we shall see what often happens in families: the death of the father allows the individuality of the sons to develop and to take new energy of life. Of course, a visit to Paris will not be the same to American physicians since Charcot has gone, as the Journal of American Association says, but I hope sincerely that the death of the master will largely help the numerous pupils to be a living and progressive monument to the man who had perhaps become too conservative to break with old conceptions.

A. M.

A married woman at Burnley, in Lancashire, recovered last week £40 damages from a dentist for having taken out all the teeth in her upper jaw. There was a conflict of evidence as to whether she had or had not given the dentist permission for the wholesale extraction, which took place under gas inhalation, but the jury believed her assertion that she had not given such permission. Dentists, in order to protect themselves against such actions, would do well to insist on their patients giving their instructions in writing

—*Med. Times and Hosp. Gazette.*

TO A QUACK.

These lines, by the TIMES AND REGISTER poets are respectfully dedicated to one of the advertising quacks of this city. Our readers can fill in his name.

"Thou motley lump of ignorance and pride,
In all the sundrel arts of killing tried;
How shall I tell thy guilt or how begin
To lash a villain crusted o'er with sin?
No beams of softening pity touch thy breast,
Too vile a cell to harbor such a guest.
Oh, hadst thou lived in that cursed tyrant's reign.
By whose command the Innocents were slain,
Herod might then have saved his men the pains,
At Bethlehem to knock out the children's brains.
Thy lozenges the fatal work had done,
And soon despatched them, every mother's son.
Why with our laws, vain volumes do we fill,
If such as thou have privilege to kill?
Mean petty felons, for less crimes by far,
Have oft received their sentence at the bar.
If th' face of day, thou robb'st us of our health,

And yet are never questioned for the stealth.
Sure some dire planet all thy steps pursues,
Named *At-Kill*, and a sickness straight ensues.
Through thy destroying skill diseases reign,
Nor did a blacksmith teach thee first in vain,
Not Sword, nor Plague, nor Famine ravage more
Thou kills't, and Fate has hardly time to score.
Death, tho' unsought, waits on thy murdering quill,
Attends each dose, and lurks in every pill,
With little pains, and very little bribing,
Whole nations might be killed by thy
prescribing.

But know, dull sot, the dreadful hour's at hand,
When before awful justice thou must stand.
The muse her ancient freedom does assume,
Then tremble, while she thus proclaims thy doom!
For all ye quacks shall furnish out a tale,
And be the jest of midwives o'er their ale.
For scalded heads most learnedly advise,
And in the case of hives, seem monstrous wise,
Be ne'er consulted, 'bove a boil or blister,
And to my lady's lap-dog give a clyster.
Cure hogs of measles, visit laboring swine,
And order doses for thy neighbor's kine.
Reign over beasts from Beersheba to Dan,
But never, never, meddle with man.
May none seek help from thy d . . . d remedies,
But senseless brutes that health and fame despise,
Gout, xxx, and, xxxx, with all attending ills,
Thou hast so often threaten'd in thy bills,
Thee with fresh rage incessantly devour,
And leave their pointed darts in every pore,
Let them with force united make thee smart,
And own thyself a blockhead in thy art,
From these insulting tyrants find no quarter,
But to thy own prescriptions fall a martyr.
On thy vile self thy hateful potions try,
Then d—— old Galen, and by piece-meal die.
But let no fever, (for I'll once be kind)
Or pestilence to thee admission find.
Those generous foes too soon conclude their rage,
I'd have thee tortured, for at least an age.
May, all that malice, fruitful to torment,
All that hatred and revenge can invent;
All that on earth despairing wretches feel fear,
Light on thy head, and kindly centre there.
Marked with heaven's stamp, like Adams mur-
dering son,
Through the whole globe, a branded villian run,
And all mankind the raving monster shun,
Despised, abandoned, rove from pole to pole,
Thy carcase jaded by thy restless soul;
Where'er thou goest a mother's curses meet,
Pale nurses thee with execrations greet;
And wrinkled witches, when they track with hell,
Invoke thy name, and use it for a spell!
Blaspheming leave the world, and never know
The least remitting interval for woe.
Dire conscience all thy guilty dream affright
With the most solemn horrors of the night;
The screams of infants ever fill thy ears,
And injur'd heaven be deaf to all thy prayers.
Thus have I eased in part my wrathful spleen,
Nor canst thou say the muse has been too keen.
What'er the fiercest satire can inspire,
Falls vastly short of what thy crimes require.
What punishment can too severe be thought
For thee, by whom such numerous ills are
wrought?
The living sent to an untimely tomb,
And unborn infants murdered in the womb."

The Times and Register.

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Original Article.

STERILIZATION AND SUBSEQUENT PROTECTION OF MILK.*

Mr. Chairman and Gentlemen:

I esteem it a pleasure to be permitted to appear before you to-day in behalf of one of, if not the most important, the chief hygienic measures claiming attention at our hands, viz: *Sterilization and subsequent preservation of milk.*

To be able to save our fellow man from suffering, disease and death is, in my judgment, no mean honor; and I am pleased to say that that honor is not limited wholly to the medical profession, nor to the worthy law giver, but that all of us, in whatever station of life, may share in that blessed privilege. And yours, as members of this Milk Exchange, is no exception to that rule or law, by right of inheritance but, on the contrary, you occupy an enviable position, by means of which you may by proper re-

strictions secured through perfect sterilization and subsequent protection from all atmospheric germ pollution of all the milk supplied to your patrons, throw around them and their families the strong arm of protection against the invasion of the ravages of those diseases known and classed as contagious and infectious; and by so doing, thereby place yourselves upon record as pre-eminently worthy of the first and, therefore, the highest honors of extending untold blessings to your fellow man in removing the thorns of disease and death from his pathway.

The advance guards of science have pointed out the stubborn and indisputable fact that each of the so-called contagious and infectious diseases, such as tuberculosis or consumption, typhoid fever, scarlet fever, cholera, erysipelas, la grippe, diphtheria, cholera infantum, and many other diseases coming under the same category, is propagated by a specific germ, which finds its way into the animal economy and there meeting with suitable media or nutrition, or as Prof. Koch has classed it, "a soil adapted to its nature and growth sets up the disease of which it is but the specific

*A paper read by Dr. S. L. West, on April 14th. 1893, before the Milk Exchange, of Philadelphia, Pa.

germ or seed." I ask then, how do these specific germs find their way into the human system? I answer, through foods,—both solids and liquids, milk and water,—and the air.

As this exchange is interested only as purveyors of milk food, I will confine my remarks to that medium. From recent observations it has been demonstrated that milk of tuberculous cows contains the bacilli, or *spores* of the bacillus of tuberculosis. The former, the bacilli when presented in milk may be detected by the aid of the microscope, and nutritive gelatine cultures, but the latter, the spores, can only be determined by inoculation. Hence it is not safe for us to rest our conclusions wholly upon the basis of examination by the microscope. In support of this statement I quote from a paper read by Dr. Leonard Pearson before the Pennsylvania State College, October 1892, in which he says: "The milk of a tuberculous cow sometimes contains large numbers of tubercle bacilli." again, "More frequently in cases of tuberculosis the milk seems to contain no bacilli, but only spores," and again "That milk from tuberculous cows contains the bacilli or spores of the bacillus of tuberculosis does not admit of a question of doubt." According to no less authority than Ballinger, the milk of eleven out of twenty cows suffering of pearl disease was infectious, although the actual bacilli could be discovered in but one sample.

Dr. J. J. Black, before the Third Annual Meeting of the Farmer's Institute of New Castle Co., Delaware, January 18th, 1892, said: "Much of the great mortality among infants the world over is caused by tuberculous milk fed to (bottle-fed) babies," and again, "thousands of infants die from drinking milk from tuberculous cows."

To the scientific inquirer the question that diseases of cattle can be transmitted to people through the ingestion of both meat and milk no longer admits a shadow of doubt. The danger in the case of meat is not so imminent as in that of milk, for the meat is always more or less cooked, while milk is usually consumed in the raw state.

When the udder contains tubercles the milk can scarcely be free from the

bacilli, but it has been shown by Bang, Zschokke, Ballinger, and others that in cases in which the udder is healthy, but the animal tuberculous, the milk may nevertheless be infectious. Ballinger says "that the milk is infectious in twenty-five per cent. of cows suffering of pearl disease." Drs. Ernst and Peters, of Boston, support this statement.

Dr. E. P. Christian of Wyandotte, Mich. in *Physician and Surgeon* 1892 reports an epidemic of typhoid fever, from the use of one cow's milk, which had no access to pure water but drank from a nearly dried up swamp. This milk was forbidden to be used, when the epidemic ceased, and no new cases occurred from that date.

Dr. Ernest Hart, editor of the Journal of the British Medical Association has given a tabulated account of ninety-one recent epidemics due to infected milk, that has been recognized and made the subject of detailed observations in *Great Britain*.

These were more especially epidemics of typhoid fever, scarlet fever, diphtheria and erysipelas. "This catalogue" says the editor, "by no means embraces all of the indictments which may be charged against the cow, as we might fairly include in it tuberculosis, vaccina, apthous sore mouth, gastro-intestinal catarrh, cutaneous eruptions in childhood, ephemeral fever and some intestinal *parasites*."

Dr. Henry E. Armstrong, Medical Officer of Health, New Castle-on-Tyne, Scotland, says, "Many epidemics, arising from milk, have been recorded, of which the following are only a few examples: Scarlet-fever, Wimbledon, 1887, embracing 592 cases in two weeks. A small outbreak of scarlet fever in New Castle-on-Tyne affecting twelve of a total of twenty-eight families supplied with the same milk. Two outbreaks in the same city, in 1888; of these, one epidemic consisted of 117 cases during a period of eleven days in fifteen households all supplied by the same dairy-men: the other epidemic embracing 116 cases of scarlet fever-sore-throat during a period of six days in 63 households all supplied by the same dairy-man."

The spread of diphtheria by means of milk was first reported in 1878 by Dr. Power, Medical Inspector of Local Government Board of London. This out-

break was confined to the North of London and caused 230 cases and thirty deaths in 98 households all supplied with the same milk. Subsequent outbreaks of diphtheria have been reported on by Medical Inspectors of the Board in 1882, 1883 and 1886.

Again, Dr. Henry E. Armstrong, Medical Health Officer of New Castle-on-Tyne, Scotland, in *London Transactions* of 1892, says, "milk may itself be diseased as the product of a diseased animal, as shown in the Wyandotte epidemic reported by Dr. Christian."

"As is well-known, foot and mouth disease is transmissible from quadrupeds to man in this way. During recent years several outbreaks of human scarlet fever and diphtheria have been undoubtedly due to milk supply, the infection of which after leaving the cow, has not been traced even on very careful inquiry. In some of the dairy farms supplying the milk in question, cows have been found ill—their most noteworthy symptoms being febrile disturbance, vesicular eruption on the udder, scabbed teats, and loss of hair in patches. Drs. Power and Klein of the Government Board of Great Britain, report that these symptoms indicate the disease or diseases of the cows communicable as scarlet fever and diphtheria respectively to the consumer of the milk."

Dr. Armstrong concludes by saying, "whether or not the communicability of the foregoing diseases from the cow to man be a question, there is none whatever with regard to the malady yet to be considered, which causes one-seventh of the general mortality of Great Britain, viz, tuberculosis. This name includes the well-known local terms "clire," "pining," "grape disease," "consumption of the bowels," "mesenteric disease," "tuberculous peritonitis," "tuberculous pleurisy," etc."

The extent of tuberculosis in cattle is variously stated, but all authorities agree as to its great prevalence.

Prof. McFadgean, in a paper on tuberculosis, in the domestic animal, published in the *Transactions of the National Veterinary Association*, 1891, says: "It is an extremely common disease. When only adult animals are taken into account, and all grades of the disease are

reckoned, it is not an extravagant estimate to set down the proportion at five per cent., and in milch cows kept in the cities, the proportion is probably four times that, or twenty per cent."

In the publications presented by the Danish Government to the International Congress of Hygiene and Demography last summer, occurs the following passage: "Milk is a more frequent source of tuberculous infection than meat"

Now, having concluded my remarks on infection, I wish to refer briefly to

SALICYLIC ACID AS A FOOD PRESERVATIVE.

Wernitz, of France, studied the action of salicylic acid, (so extensively used by purveyors of milk to arrest or prevent decomposition and putrefaction), on digestive ferments. He found that one part of the acid to 7600 of milk, arrested the action emulsion; one in 5100 arrested diastase; one in 1250 ptyalin; one in 9000 pancreatin; one in 250 pepsin; and one in 333, rennet. The proof of these facts induced the French Government to interdict the use of salicylic acid, even in very small quantities.

In Massachusetts the use of salicylic acid as a food preservative is forbidden absolutely in any quantity, great or small and severe penalties are placed on dealers who keep salicylated articles in stock. Milan, Buenos Ayres, Berlin, Holland, Italy, Spain, Austria and Germany have forbidden the use of salicylic acid in milk or food products.

Now Mr. Chairman:—Admitting then these, what are to me incontrovertible scientific facts. How can milk be rendered innocuous to the human system, and still retain all of its nutritious properties? I answer, by proper sterilization and subsequent protection from all atmospheric or organic life or disease germ pollution. The largely increasing annual mortality list of these contagious and infectious diseases all of which are preventable, justly demands that these safe-guards shall be instituted.

The method of sterilization of milk as well as that of water, is worthy of the most profound attention. Milk sterilized in open vessels, or vessels not steam tight and under pressure, undergoes certain molecular and chemical changes, which

render it very difficult of digestion, if not less nutritious. The principal changes thus produced are rupture of the cream globule, thereby reducing the specific gravity of the cream to that of the milk and coagulation of the albuminoids and casein.

But milk sterilized in a vessel steam tight and under 25 to 30 pounds hydraulic pressure, does not undergo these physical changes to any appreciable degree. In other words, its component parts are not very materially changed—the cream globule is not broken and the albuminoids and casein are not coagulated or hardened—thus you have the milk as easily digested and as nutritious after, as before sterilization.

Again, the sterilization of milk is very unlike that of water. While from 200 to 212 degrees may destroy the pathogenic or disease germs in both water and milk, it must be remembered that it requires a much higher degree of heat to destroy the germs of decomposition and putrefaction incident to milk—hence in order to sterilize and effectively preserve milk, it must be raised to a temperature sufficiently high to not only destroy the pathogenic germs, but at the same time, those productive of decomposition and putrefaction, and in this state of purity, placed in bottles, cans or jars, of sufficient capacity to meet the demands of the consumer.

This, though the last step in the sterilization and preservation of milk, is by no means of the least scientific and mechanical attainment. The bottle, like that of the milk must first be sterilized, then the milk transferred therein wholly free from all atmospheric contamination and hermetically sealed or stoppered.

Now gentlemen with these facts before you, I must leave the matter with you. I wish only to add in conclusion that as I believe this Milk Exchange is composed of some of the most philanthropic gentlemen in the City of Philadelphia or the State of Pennsylvania, (and I am told that it is), I feel quite sure no time will be lost in your adopting the best known method of perfectly sterilizing and preserving your milk before delivering it to your patrons.

By this means you not only remove the possibility of conveying the germs of

the various infectious and contagious diseases to which I have above referred; but you, at the same time, prevent the unscrupulous retail milk dealers from diluting and polluting the milk with water, and the injurious effects upon the organs of digestion by the presence of salicylic acid, in some of its chemical combinations, used to prevent souring and decomposition.

SLOW PULSE.

The causes which produce slow pulse may be classified as follows:—

1. Diseases or injuries to the nerve centres, producing either irritation of the pneumogastric or paralysis of the sympathetic (accelerator) nerves of the heart.
2. Diseases or injury of the pneumogastric nerve, increasing its irritability.
3. Disease or injury of the sympathetic nerves of the heart, paralyzing them.
4. Disease of the cardiac ganglia, by which the influence of the pneumogastric nerve preponderates.
5. Disease of the heart muscle (degeneration), whereby it fails to respond to the normal stimulus.
6. The action of poisons, as lead or tobacco, either on nerve endings or centres. The poison generated in salt fish. Also the poison of certain febrile diseases, algid pernicious fever. Another possibility is malaria poisoning.—Dr. D. W. Prentiss, in *St. Louis Med. and Surg. Jour.*

SWALLOWING A THERMOMETER.

M. Toubin communicated a curious case of a man swallowing a thermometer. A prisoner attempted suicide by swallowing the handle of an iron spoon. Nothing was done for him, as he did not seem to be much affected by the foreign body, save the administration of a good deal of soft food. His case, however, was closely watched and the temperature taken daily. About ten days after his first exploit the fellow swallowed the thermometer. Nine days subsequently he expelled *via naturales* both the spoon-handle and the thermometer.—*The Medical Press.*

The Times and Register.

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A. M., M. D.,

EDITOR.

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THE STERILIZATION OF MILK.

AT the present day, from the experiments of many observers, when sterilized milk, which has been subjected to 212 F. (100°C), has been given to infants they have not thrived. The milk thus treated seems to have been devitalized, as it were, and, while we have obtained immunity from pathogenic germs by such a process of sterilization, on the whole we have not seemed by the old process to have reached the goal anticipated in the feeding of infants.

Last June, Dr. R. G. Freeman published in the New York *Medical Record* an article on the "Pasteurization of Milk" or the sterilization of milk at 167 °F. (75°C) followed by rapid cooling. In this article he comes to similar conclusions as other observers, notably, Dr. Rotch, of Boston, and Dr. Koplik of New York.

In this method of treating milk by a

lower temperature, followed by rapid cooling, one finds the children thrive much better on sterilized milk, while the deleterious influence of any bacteria which may have been contained in it has been rendered *nil*.

Germes of tuberculosis are destroyed at a temperature of 167°F continued for fifteen or twenty minutes, as well as the germes of the infectious diseases, including cholera. Moreover, there is less tendency to the formation of large curds in the infant's stomach when the cow's milk has been subjected to the lower temperature rather than the higher.

The value of the Pasteurization of milk in milk laboratories as suggested and practised by Dr. T. M. Rotch of Boston, and exhibited by him in the Harvard College exhibit of the Worlds Fair, at Chicago, is inestimable. His plan is to provide milk sterilized and treated according to the specific prescription of the attending family physician. This can be done in any large city, and bottles of sterilized milk thus treated can be expressed over the immediate country with almost warranted success in its effects.

We agree in every particular that relates to the supervision of milk delivered in large cities by the appointing of milk inspectors. There is not enough care taken in the delivery of milk, especially to the poorer classes. The standard in quality should be kept at a high rank and the prevention of milk being sold from tuberculous cows maintained, all of which requires an efficient officer whose duty is to the public health rather than of political character.

It is a common idea among the laity that a persistent pain in the small of the back means kidney trouble. As a matter of fact, acute nephritis from cold is the only kidney disease that announces itself to the patient by pain.—Baumgarten, *Atlanta Med. and Surg. Journal*.

Annotations.

SHOULD INEBRIATES SUFFER THE DEATH PENALTY FOR CRIME COMMITTED WHILE INTOXICATED.

IN a paper before the Section on Medical Jurisprudence of the Pan-American Medical Congress in Washington, Sept. 5-8, Dr. T. D. Crothers, of Hartford, Conn. gives the following reasons why criminals should not suffer the death penalty for crimes committed while intoxicated.

"From a scientific study of these cases it is clearly apparent that they are diseased and incapacitated to act sanely. Alcohol has palsied the brain and made them madmen.

"The very fact of the continuous use of alcohol is evidence of mental impairment and unreasoning act and thought.

"The death-penalty is followed by an increase rather than a diminution of crime.

"The object of the State, through the law, is to protect society and the individual: but if the execution of the law-breaker fails to accomplish this end, the laws are wrong.

"The inebriate should never be hung for crime committed while under the influence of alcohol, but should be confined for life in a military workhouse hospital under the care of others, as one incapacitated to enjoy liberty, and incompetent to direct his thoughts or acts."

RESUSCITATION BY ANAL DILATATION.

DR. J. C. GROSVENOR of Chicago, in the *Journal of Orificial Surgery*, August, 1893, gives an unique as well as amusing account of three cases of resuscitation by means of forcible dilatation of the anal orifice. The first case was a man dying from an over dose of morphine. The second was the arousing of an infant born asphyxiated, while the third case was that of infantile eclampsia. His *modus operandi* is to grease the thumbs of either hand and proceed to dilate the sphincter. He thinks this process acts as a direct stimulant through the sympathetic and believes it might

be successfully applied in resuscitating the drowned where the spark of life is not quite extinct.

TREATMENT OF RINGWORM OF THE SCALP.

DR. LESLIE ROBERTS in the *British Medical Journal*, page 472, lays down the following rules for observation in the treatment of ringworm of the scalp.

1. Whenever practical shave the entire scalp. This in itself constitutes rather a treatment than a preparation for it. Every hair in the head is a means of retaining moisture and heat which favors the development of ringworm as a poultice would a boil.

2. Disinfect the whole surface of the scalp. It is not necessary to only treat the ringworm patch, the whole surface must be thoroughly disinfected. For this he recommends spraying the scalp morning and night with rectified spirits containing a few grains of salicylic acid and a little glycerine.

3. Stimulate the follicles containing the diseased hairs. At this point in the treatment the mechanical barrier to the penetration of remedies existed in the horny layer of epidermis. He was not convinced that any remedy penetrated far into the depths of the follicles. A very mild antiseptic would kill the germs so far as it reached them but it was doubtful if they reached far enough.

4. Selection of remedies. The choice of a remedy should not be confined to the germicides but such agent should be selected as had influence on cell life, iodine, carbolic acid, ammonia, ether, chloroform, acetic acid, cantharides and capsicum were all of use.

QUININE AS AN APPLICATION TO WOUNDS.

Dr. Alfoldi is convinced that a 1 per cent. solution of quinine sulphate is a more rapid detergent and cicatrizant in cases of infected wounds than either corrosive sublimate or iodoform. He adds that wounds that are free from infection also heal with astonishing rapidity under the use of quinine applications.

—*Cincinnati Lancet-Clinic*.

Book Notes.

HERNIA: ITS PALLIATIVE AND RADICAL TREATMENT IN ADULTS, CHILDREN AND INFANTS. Illustrated. By Thomas H. Manley, A.M., M.D., New York City, N. Y. Published by the Medical Press Co., Limited, 1725 Arch Street, Philadelphia, Pa. Price \$2.00.

This is a time when the study of hernia has been notably revived, and, consequent upon the multitudinous investigators, there has been more or less confusion as to the best modes of procedure. Among these conflicting opinions the general practitioner is at loss to know what to do in any given case, so much so, that, whereas he would have formerly depended upon his own resources in the absence of the opinion of the specialist, now he feels that the specialist must be consulted in almost every case of hernia he may meet. Right in the midst of all this diversity of opinion comes this little book from so eminent an authority on hernia as Dr. Manley. It is as refreshing as the sunlight after a storm. Treating as he does, the subject from earliest infancy to old age, in every peculiar method in vogue at the present day of any therapeutic or practical value, not by lengthy dissertations on the subject, but in a bright, concise style, he has done much to clear up the chaotic state of the literature on hernia, and restore the confidence of the general practitioner in the palliative, as well as the radical treatment of this affection. Therefore we feel that we can unhesitatingly recommend this work to the medical profession as one through which the library of the average physician will be notably augmented as well as his store of knowledge of the subject of hernia increased. The work is illustrated by some sixty-five cuts, all of them new, and consequently at considerable outlay of cost to the author. The aim of the author has been to endeavor to give each source of therapeutic information its due merit and strive to indicate the precise limitation of each. In this he has succeeded remarkably well. After a short chapter on "General Consideration" Dr. Manley plunges at once into the subject of congenital hernia, following with infantile hygiene and its relations to hernia and the treatment of that variety of the affec-

tion in an admirable manner. Part 2 undertakes the management of hernia in the adult relative to the employment of palliative treatment only, while part 3 deals with the radical cure of reducible and irreducible hernia by direct surgical intervention, and part 4 the modern operations for non-strangulated hernia, reducible and irreducible.

We certainly trust that Dr. Manley will receive the success he deserves in this undertaking and that every physician will show his appreciation of a good thing by having one of these books on his table.

OUTLINES OF PRACTICAL HYGIENE, ADAPTED TO AMERICAN CONDITIONS. By C. Gillman Currier, M. D., New York, N. Y. Published by E. B. Treat, 5 Cooper Union, N. Y.

This is a concise work admirably adapted for what the author intended it to serve, viz, a text-book of modern hygiene. However, it fails of being complete, as we observe no chapter on infant hygiene, or any mention of the subject beyond a short article on "infant feeding." The author has evidently overlooked the hygienic care and management of early infancy, which is, perhaps, quite as important, at the present day, for observation in a text book, as any other subject on hygiene.

The subjects the author has considered are well written, and the style is admirable. Were some portions of the work omitted, so as to render it practical to place before young students of both sexes, it would make a good text-book to be recommended in our public schools. A school edition of the work would not be out of place. The work deals with climate, clothing, physical care and exercise, schools, occupation, lighting, heating, ventilation, foods, water supplies, drainage, disinfection, disposal of garbage, infectious diseases, and other points of value in hygiene.

NOTE:—Dr. Waugh's new book is entitled: *Manual of Treatment with Active Principles and New Remedies*. It will contain over 200 pages, 12 mo. bound in cloth. It is now in press, and is promised for delivery on October 1. Orders received previously will be placed on file and the book sent out as soon as it is received. Price, \$1.00 post-paid.

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J. HARRIS, M. D.
HEDGESVILLE, W. VA.

IMPOTENCE.

IN my TIMES AND REGISTER of Sept. 2d. I see an inquiry, for aid in treating impotency, and your reply. What I wish to know is—what vein do you advise tying? and what are the special indications that would lead to that conclusion? I find that impotency of any age is a condition that is almost impossible to cure. Gross, on diseases of the male sexual organs, gives many clinical cases, and implies that atonic impotence, with desire, and with feeble erections is curable and gives cases with treatment. I have tried the treatment in very many cases, and generally with but little if any success. The free doses of bromide of potash that he advises blunt the veneral desire and in my hands really makes bad worse. The steel sound, with such remedies as we would use in acute or chronic urethritis, does more for me than all else. Yet I have now several cases where there is no tenderness of the canal, no strictures, no pathological condition observable, and yet, the impotence continues. What shall I do with such cases, such conditions?

Respectfully,

R. G. A.

[In the case mentioned, there was a very large vein running along the side of the organ, which seemed to be out of the grasp of the constrictor, and to empty the sinuses as fast as they were filled. This vein I compressed by a pad and rubber band, and found the erection much more powerful, in fact, quite normal; so I tied the vein. It would not be of any use if the large vein were fully controlled by the constrictor, or in the impotence due to old age, exhausted vitality or deficient secretion

—W. F. W.]

AMICK'S ALLEGED CONSUMPTION CURE.

WHAT is your opinion of Amick's chemical treatment for consumption?

I see it advertised in *The Medical World*
J. J. WILSON, M. D.

LITTLETON, COL.

[I think Amick simply adopted Shade's calomel treatment, which has been fully described in our columns. Shade came out like an honest professional gentleman, and gave his brethren the benefit of his discovery, as he deems it. Amick took up the idea, and operated it on a basis of quackery, for which he deservedly expelled from his college and societies.

—W. F. W.]

DEATH FROM SALOL.

At a meeting of the Biological Society of Paris, held the 27th May, M. Girode exhibited two lumps of salol weighing 1.55 grammes and 1.25 grammes, which had remained undissolved in the stomach of a woman for twelve months.

The woman died on the 20th April in the Beaujon Hospital, and when the autopsy was being made the injected condition of the great curvature of the stomach attracted attention, and when the viscus was opened the two masses of salol were found (*L'Union Medicale*, No. 64).

SPASM OF THE GLOTTIS.

Sir Morell Mackenzie, an acknowledged authority on laryngeal cancer, recently imparted to his brethren of the "Laryngological and Rhinological Association" an item of practical information regarding the successful treatment of that alarming and dangerous condition, spasm of the glottis, which is sometimes difficult and uncertain; but Sir Morell tells us that by setting up a rival reflex, the laryngeal spasm, itself a reflex usually due to peripheral irritation, may be overcome instantaneously. All one has to do is to get the sufferer to take a pinch or snuff or pepper or, failing either condition, to excite sneezing by tickling the mucus membrane of the nares. The immediate result is a paroxysm of sneezing after which the patient sinks quickly back to sleep, breathing like a new born infant. The treatment is logical as well as practical, and is well worth a trial.

—*Hosp. Gazette.*

French Notes.

BY E. W. BING, CHESTER, PA.

FOREIGN BODY IN THE STOMACH SIMULATING CANCER OF THE ORGAN.

Mr. Fevrier presented to the medical society of Lyons, the stomach of a patient, who complained, of oppression, anasæra and general debility. The action of the heart was irregular there was bronchitis, and emphysema, the urine was free from albumen. The condition was difficult of explanation, when there occurred hæmatemesis, this led to questions as to his previous gastric condition, and the patient admitted having previous attacks of hæmorrhage; and that in the evening he usually vomited his food. On exploration, the stomach was found to be dilated. In the epigastrium, a deep difficult tumor was felt, and the diagnosis of gastric cancer was made. The patient did not show the characteristic tint of the skin. Constipation persisted even after a dose of six drops of croton oil, he had again "coffee ground" vomiting; he no longer took food. Lavage was practised, with some slight improvement; but the patient soon died from advanced cachexia. The autopsy showed no cancer, the stomach contained however a considerable mass of prune and cherry stones, and raisin seeds, agglutinated together, forming a tumor, difficult to break up. The symptoms were due to the obstruction caused by this mass at the pyloric orifice.

—*L' Union Medicale.*

SOME NEW TESTS FOR ALBUMEN IN URINE.

1. Sublimate and acetic acid. If to urine containing albumen a few drops of a solution of sublimate one per cent. are added, a distinct cloud is obtained, whilst in normal urine this does not occur, or only in exceptional cases, when there is a very slight, hardly visible, clouding. If to the above a few drops of acetic acid are added, the cloud is not due to albumen disappears, when albumen is present the opalescence remains, even on the addition of acetic acid. A mixture of one part of acetic acid, and six parts of the sublimate

solution only produces a cloud, when albumen is present, appearing immediately on adding the reagent, and does not give a deposit, whilst sublimate alone does so. Peptone gives no reaction, with the test in above proportions uric acid behaves in the same manner, also solution of una-phosphates or sugar, a concentrated urine also is not clouded by the test.

2. Sulphocyanide of potassium and acetic acid at ordinary temperatures. For this test, 100 cc. of a ten per cent. solution of sulphocyanide of potassium are mixed with 20 cc. of acetic acid, a few drops are added to the urine to be examined. If albumen is present in small quantities a distinct cloud immediately occurs. If albumen is plentiful a thick white deposit is obtained. Excess of liquid makes no difference to the result. All normal urines give a negative result with the reagent. By successive dilutions this test appears to be more sensitive than the ferrocyanide of potassium and acetic acid. It has also the advantage of being colorless, and remains clear even after a lapse of time. These results are only obtained by following the above procedure closely.

3. If to urine, containing sulphocyanide of potassium, a small quantity succinic acid is added when albumen is present a clouding is seen, but not otherwise.

This reaction presents the advantage, of being easy to carry, since both bodies are solids. Equal, small quantities of each are mixed and added to the urine, and the reaction occurs at once if there is albumen. If the chemicals are mixed and enclosed in gelatine capsules they are easily carried and available at any moment, and perfectly reliable if kept free from moisture.

—*Dr. Zouchtos, Le Progres Medicale.*

STUDY OF THE MICROBIC ORIGIN OF PURULENT SURGICAL INFECTION. (ARLOING AND CHAUTRE.)

It is natural to attribute purulent infection (surgical) to the dissemination, in the organism of the customary microbic producers of suppuration; but all are not agreed on this point. By reason of the chemical characters which

often distinguish a simple suppuration, from one complicated with infection, some think, that the pathogenic agent of this affection is not an ordinary pyogenic microbe. The term septic pyemia, employed by many surgeons, to designate purulent infection, allows it to be supposed that it does not relate to a pyogenic agent exclusively, but to combined action of pyogenic and septic microbes. M. Pasteur after having made known his diplococcus pyogenus of common water, put forth the idea that the mixture of the micrococcus with the septic vibrio, would produce a septicæmic purulent infection, or a purulent septicæmia; the last acting as a propagator of the first. The microscope has frequently shown in pyemic lesions in man both the micrococci and bacilli; but observers have differed as to which played the principal part. Birch-Hirschfeld considers the micrococci more dangerous than the others; on the other hand, Rouke and Cheyne, accord the active role to the bacilli. The observations of Heibeig, Conuil, Baumgarten, Babe's, without excluding the possible existence of septic pyemia, where the septicæmia presents itself as a complication of pyemia, establish the fact, that the intervention of a septic bacillus is not indispensable to the production of purulent infection; still we may wait for further proof. It remains to be known why ordinary pyogenic agents, whose effects are usually local, can produce such a formidable progeny. In 1875 Chauveau showed that ordinary pus, even if putrid, cannot cause metastatic effects. The research of Chauveau shows that ordinary pus, or as we should call it today, the pyogenic agent, must undergo a modification in order to become infecting, and produce metastatic lesions. What is this modification? the object of this paper is to state the result of our researches on the subject.

The combination of a septic microbe with pyogenic agents is not necessary to the genesis of purulent infection. We shall not specially notice the vibrio septic, whose intervention has been pointed out. Pus of good quality, and pure culture of the staphylococcus pyogenus have been inoculated in the rabbit, into the blood, hypodermically, isolated, or

mixed with the septic vibrio, without being followed by metastatic foci. One of us, in 1881 studied the lesions of infection, in a case at the Lyons hospital, the purulent sirosity of the pulmonary lesions contained isolated micrococci and more or less elongated bacilli. Inoculated under the skin of a rabbit, and of a guinea pig, the former alone died from a purulent mass rich in micrococci and bacilli,—(at the point of inoculation) and a peritoneal effusion containing streptococci exclusively. The great sensitiveness of the guinea-pig to septicæmia being well known, it could be affirmed that the bacillus present in the purulent foci of the patient was not the vibrio septic.

Again in a case of natural purulent infection developed in a horse, we only found the streptococcus (1st) in the midst of the primary focus adopted in the vicinity of a wound. (2nd) in the purulent fluid of the great cavities (3) in the secondary abscesses of the lymphatic ganglions at the entrance to the chest. Cultures from the blood, pus, etc., confirmed the microscopic examinations.

Pyogenic microbes must take on a particular virulence, to produce surgical purulent infection. In the cases examined by us, the pyogenic agent was the streptococcus. With the pus of the horse, not containing any other microbes, we have produced on the dog mortal subcutaneous abscess, and by intravenous injections, multiple suppurating arthritis. We know that in such a case, it is useless to attach any importance to the abundance of streptococci, in the primary focus; since minute quantities often succeed in infecting. We are obliged to consider that the microbe has undergone some modification before or after its arrival in the tissues. To appreciate this we have drawn a comparison from researches made by Chauveau on puerperal septicæmia. These have shown that all forms of puerperal infection are due to the streptococcus pyogenes acting sometimes with one degree of virulence, sometimes with another, and on the rabbit and guinea-pig determining the character of the infection according to activity of the streptococcus. For by inoculating on the peritoneum of the rab-

bit, pus from the horse, or cultures from this pus we have produced a fatal disease (foudroyant) and lesions similar to those which the puerperal streptococcus produces, when it attacks with malignancy, the woman. In short, just as the puerperal streptococcus is much less dangerous for the guinea-pig, than for the rabbit, and loses its primary malignancy by age, so, the same results occur in the case of the streptococcus of purulent infection. Conclusions:—

1. Purulent surgical infection has for its essentials the ordinary microbes of suppuration. (Streptococcus in above instance.)

2. If other microbes consist with these, they are accidental and complicating, but not essential.

3. To produce infection, the microbe must take on the special virulence, which it possesses in acute forms of puerperal septicemia and not those which it shows in ordinary abscess or erysipelas.

4. The modification which produces these various conditions is unknown.

—*La France Medicale.*

A DOCTORLESS COMMUNITY.

Under this title a correspondent to the *British Medical Journal*, Sept. 2d., 1893, describes a place called Fair Isle of about 300 inhabitants, where no physician resides for the sole reason that the small income a practitioner would receive there would not adequately support him. The unfortunate sick on the island must needs depend on the fortnightly visits of the mail boat, a cutter, whose punctuality cannot be relied upon.

Here is an opportunity for our Dublin friend, who not finding a location in all America strayed into our editorial office a few weeks since to beg his way back to "the old country."

BROMIDE eruptions and the tendency to digestive disturbances where large doses must be given, are counteracted by Fèrè, who gives a drachm of beta naphthol and half a drachm of salicylate of bismuth, daily, and finds that this can be administered for months together without injury.

—*Cincinnati Lancet-Clinic.*

The Medical Digest.

TREATMENT OF DIPHTHERIA.

Levy and Knopf (*Berl. klin. Woch.*, August 7th, 1893) describe the treatment of this disease with papayotin (Gehe) and carbolic acid. They prepared the diphtheria poison after the method of Behring and Wernicke. When some papayotin was added to this diphtheria poison, and the mixture kept at 37° for two days, the virulence was much diminished. Thus papayotin has a weakening effect on the diphtheria poison. If papayotin were allowed to remain in contact with the living bacilli without carbolic acid, the whole rapidly underwent putrefactive changes. In the treatment of cases the following preparation was used: Papayotin, 10.0; ac. carbol. puriss. liquefact. 5.0; aq. destil. ad 100.0. The affected parts were gently painted every ten minutes for the first two hours, and then at intervals of every two hours afterwards, and this was continued during the night. There was rapid improvement in the local manifestations. The ice collar, abundant inhalations, and plenty of wine were used as usual. The cases of diphtheria when admitted are nearly always severe, the mild ones being kept at home. Encouraged by the good results, the authors sometimes delayed tracheotomy a little, and with satisfactory results. Of fifty-one cases thus treated thirty-six recovered, tracheotomy being performed once, and fifteen died, of whom five were tracheotomised.

—*British Med. Journal*, No. 1705.

TREATMENT OF DIPHTHERIA.

As soon as the patient is seen do not delay for the action of a cathartic but begin to combat the poison at once by the administration of two tablespoonsful every hour for adults and proportionally less for children according to age of the following preparation:

R Potassium chlorate, 3j
Dilute muriatic acid, 3ij
Tincture muriate iron, 3ij
Water 3ij

M. Sig. Diminishing to one or two doses at night with tonic doses of quinine thrice daily. The above compound has a slightly acid taste and is not

objected to by children. Immediately after its administration, proceed to mop the throat, depressing the tongue, with a mixture of:

R Fluid extract pinus, ʒj
Phenic acid, gtt. x or xv

M.

The mopping is repeated after each dose of the solution. The mop is made of a small twig the size of a goose quill eight inches long with a little lint bound to the end, we give this instead of a more artistic implement because so easily obtained. The mopping should be done carefully so as not to wound the tender mucus membrane. Petroleum applied externally to the throat is advisable.

Under this treatment improvement begins at once, the fibrous matter ceases to accumulate. That which has already appeared turns black, being stained by the red Pinus, contracts around the edges and in a few days drops off and the amelioration of all the systemic symptoms becomes obvious.

—Dr. Pattison in *Med. Review*, Sep. 9th.

INTRAUTERINE VACCINATION AND VARIOLISATION.

Hervieux (*Sem. Med.*, July 19th, 1893) uses these terms to signify the immunity to vaccinia and small-pox conferred on the fetus when the mother is successfully vaccinated or is attacked by small-pox during pregnancy. He has collected 152 cases where intra-uterine vaccination has occurred, thirty-two being recent, and reported by Dr. Lop, of Marseilles. In all these the child was vaccinated soon after birth. In 106 of the children the vaccination was successful; in forty-six it failed. Hence the children were not as a rule rendered proof against vaccinia by the so-called intrauterine vaccination. Evidence on intrauterine variolisation is scanty, but a few reported cases appear to show that it confers on the child immunity against small-pox. The question as to whether the bacteria of vaccinia and variola can pass from the maternal into the fetal vessels seems settled, Hervieux believes, by M. Malvoz's researches, which prove that the invasion of the fetal organism by germs depends on the intensity of the morbid condition. This may explain the uncertainty of immunity after birth, as shown in the 152 cases.

A MEANS OF RELIEF IN HAY FEVER.

The capriciousness of hay fever and the occasional relief obtained from an entirely empirical method of treatment warrant the publication of any means which has proved successful, in the hope that it may be of use to some other person afflicted with this annoying and disabling disease.

Ferber, of Hamburg,¹ reports his own case which had been so severe as to necessitate his using a closed carriage all through the summer. His relief was brought about from accidentally noticing that in the winter a coryza was usually accompanied with hot ears which regained their normal temperature when the discharge from the nose was established. He determined to try a reversed order of effect on the hay fever in the summer, and began according to rub his ears until they became red and hot.

It is now the third year that he has been able to lead an endurable existence during the hay fever season. "As soon as the least sensation of fullness in the nose appears, there is recognized a certain amount of pallor in the ears. A thorough rubbing of the ears, at times even to contusion, has always succeeded in freeing the nasal mucous membrane from its congestion. The rubbing, however, must be *thorough* and repeated as often as the least symptom of congestion returns to the nose. Since using this means I have been able to take long sandy walks, sit and even sleep with open windows or pass an evening in my garden without distress. Several patients have had the same relief from this treatment, always in proportion to the thoroughness of the rubbing, and I hope by this means some other physician may be able to give his patients the same great relief."

—*Boston Med. & Surg. Journal*.

MEMBRANOUS DYSMENORRHEA.

Dr. Lohlien (*Gyn. Tagesfragen*, Heft II., 1891) reviews the subject at length and confesses to changes of opinion on several points. The name is a misnomer, as membranes may be passed at the

¹Deutsche Med. Zeitung, No. 65, 1893.

menstrual period without pain, hence the French *dysmenorrhée membraneuse sans dysmenorrhie*. He recognizes different degrees of the affection, and would designate the severer forms as "exfoliative endometritis." It has not as yet been definitely ascertained why this affection should occur in the most varied diseases of the uterus and its adnexa. In the milder variety the superficial layers of the membranes are cast off by the occurrence of small hemorrhages in the superficial strata of the uterine mucous membranes. But a different process obtains in the pronounced variety. There a true interstitial endometritis occurs involving the glands. The author has seen it frequently follow a puerperium complicated by inflammatory conditions. In one-third of his cases, (twenty-seven) he could trace no etiological factor. Different from the experience of other observers, six of his patients bore children after the appearance of the membranous casts. He had seen only one case which could have been said to have undergone complete cure, and this result could not have been attributed to the local treatment employed. But scraping the uterus, and following it by intra-uterine injections, has been attended with a cessation of the affection for several months.

—*Atlanta Med. and Surg. Journal.*

THE USE OF ICHTHYOL IN GYNECOLOGY.

Hermann (abstract of thesis in *Centralblatt für Gynäkologie*, 1892, No. 50) reports the result of observations in 150 cases in which he tested the action of ichthyol, either pure or in watery solution, in order to eliminate the possible influence of glycerine upon the local disease. All other treatment (hydrotherapy, massage, etc.) was suspended. He finds that the drug has a distinct absorptive and analgesic influence in all varieties of pelvic inflammation, with or without exudation. He found it particularly valuable in all cases of carcinoma of the uterus, establishing a differential diagnosis between cancerous and inflammatory induration, the latter being speedily affected by its use. Pure ichthyol also proved to be valuable as an application to the eroded cervix, and ichthyol oint-

ment (50 per cent. in lanolin) in cases of fissured nipple.

EFFECTS OF MORPHINE ON THE FEMALE ORGANS.

Passower recently read a paper before the Obstetric Society of St. Petersburg, in which he relates the course of two cases under his own observation. It confirmed an opinion, already supported by the observation of others, that the abuse of morphine eventually leads to atrophy of the female organs. Passower's cases were of the ages of twenty-nine and thirty. One consulted him on account of the resultant amenorrhea. The drug was discontinued, and the catamenia reappeared. The patient took to morphine again, and straightway the menses ceased. Between 1887 and 1889 Passower observed the case; sixteen pounds' weight was lost, and the subcutaneous fat disappeared. The vulva atrophied. The measurements of the uterus during that period ran as follows: December 1887, 3 1-10 inches; May 1888, 2 9-10 inches; November 1888, 2 7-10 inches; April 1889, 2 3-5 inches; September, 1889, 2 3-10 inches, and July, 1890, 1 9-10 inches. The atrophic process no doubt began in the ovaries and spread to the other parts of the genital tract. This is evident from the early appearance of amenorrhea and the latter atrophy of the vulva, and also from physiological evidence; thus the submaxillary glands atrophy in dogs subjected to doses of morphine. How much of the drug can be taken without danger of these ill effects is entirely an individual question. —*Archives of Gynecol. Obs. and Ped.*

DIGITAL PRESSURE IN HICCOUGH.

Hiccough is sometimes a very troublesome symptom, and in many cases may be difficult to overcome. Leloir, in a case of a child twelve years old suffering from persistent hiccough, applied digital pressure for three minutes to the left phrenic, between the two attachments of the sterno-mastoid. The hiccough stopped and did not recur. He has since used the method in a large number of cases, and always with success. In some cases pressure for a few seconds has been sufficient, in other a few minutes. —*Maritime Med. News*

NEW REMEDIES IN DISEASES OF THE SKIN.

Europhen. In the strength of 10 per cent. it exerts an excellent influence upon chronic ulcers. In scrofulous ulcers a preparation containing 5 or even 1 per cent. is beneficial. In the latter strength it promotes cicatrization in deep burns. I have seen an ointment containing $\frac{1}{2}$ ounce of europhen to the ounce of fat relieve pain and promote cicatrization of ulcerated superficial epithelioma, the course of treatment lasting about four months. In another case the result was equally happy, by the use of a mixture of equal parts of europhen and aristol after each substance had been employed alone without producing much benefit. An ointment containing 10 per cent. of europhen is of service in the treatment of sycosis. One or two drachms of the same substance to the ounce of excipient is beneficial in papular acne. In the second stage of rosacea I have seen marked improvement follow the use of a lotion composed of europhen dissolved in cologne-water, to which some glycerin had been added. Facial erysipelas, dermatitis from rhus toxicodendron, alopecia circumscripta, chronic eczema of hands and feet, are other affections in which europhen ointment may be advantageously employed. I have, in most cases, made use of an ointment in the strength of 1 drachm of europhen to the ounce of excipient. In many instances europhen is preferably applied in the powder form. The powder may be successfully used in the treatment of chancroids, chancres, condylomata, syphilitic papules, ulcerated lupus, accidental or operation wounds, carbuncles (after expulsion of the necrosed tissue), herpes zoster, seborrhea oleosa, hyperidrosis, buboes, and ulcerated syphilitic lesions.

A mixture of equal parts of europhen and aristol is an admirable dressing, and, in certain cases, is more efficient than either substance used alone. The mixture is an impalpable powder, of a buff color, a faintly-aromatic odor, which is rather preferable to that of europhen. The mixture is especially excellent in the treatment of bromidrosis. The feet having been previously bathed in a slightly-stimulating bath containing mustard-flour, salt or alum, and dried by

briskly rubbing with a towel, the powder is dusted freely upon the surface and between the toes. During the day the powder is strewn in the stockings. Europhen-aristol powder is beneficial in fissured eczema and syphilitic ulcers. In acute vesicular eczema I have derived good results from a combination of europhen-powder and subnitrate of bismuth. An ointment of europhen-aristol proved beneficial in a case of psoriasis under my care.

Losophan. In old cases of eczema, attended with considerable thickening of the integument and distressing itching, losophan has proved of service. It stimulates the absorbent vessels to remove the infiltrate and at the same time it relieves the itching. The latter symptom is, in other diseases, also, allayed by the application of the same remedy. It may be employed, therefore, in cases of paresthesia, prurigo, urticaria, etc.

Losophan is of value in the squamous form of eczema, where the skin is red, dry, infiltrated and scaly. Fissured eczema, a rebellious and painful form of the disease, is benefited by the application of losophan. The congestion and thickening of the surface are gradually lessened and the cracks begin to heal. In the later period of sycosis, when the papules and pustules are numerous and may have coalesced into one mass, when the skin is swollen and thickened, losophan may be used with success. The subjective symptoms are ameliorated, inflammatory congestion subsides, and the infiltration is removed. The chronic forms of acne, especially the pustular and indurated, may be cured, in process of time, by the persevering use of losophan. The same remark is true of the second stage of rosacea. The irritant properties of losophan render it of avail in certain parasitic affections. It has, in some cases, proved curative in pediculosis and scabies, but has been more generally successful in the treatment of the various forms of tinea trichophytina, or ringworm. Losophan has been used in the form of a lotion or an ointment. Dr. Edmund Saalfeld, of Berlin, to whom we owe the first clinical investigations of this substance found, as a result of his experiments, that the most generally suitable lotion consists of a 1 per cent.

solution of losophan in 3 parts of alcohol with 1 part of water. As an ointment it may be employed in the strength of 1 to 3 per cent.

Thilandin. Thilandin is of service in many forms and stages of eczema. Its bland character permits it to be used with advantage in the eczema of young children, and in acute erythematous or vesicular eczema among adults. In the subacute and chronic varieties of eczema, it has likewise proved beneficial. It is more adapted to those cases of subacute form which persist after the subsidence of the acute stage, and to chronic cases following an acute attack. In either of these forms slight irritation from within or without, is sufficient to provoke a recurrence of the acute stage. In sycosis, when the inflammation is severe, the lip or nostrils hot, burning, swollen, and excessively painful, thilandin has been of marked service in alleviating the condition and relieving the symptoms. Herpes, especially of the genitals, is successfully treated by means of thilandin.

Thiosinamin. According to Hebra subcutaneous injection of thiosinamin causes a local reaction of lupus. This reaction begins some hours after the injection has been made and depends upon the quantity employed. The reaction is manifested by a swelling, which may be so extreme that the epidermis and even the papillary bodies burst, producing superficial fissures. The reaction continues for from four to six hours, after which it gradually subsides. At the end of about twenty-four hours the skin has regained its former aspect. Constitutional symptoms do not occur. In consequence of the operation a considerable desquamation of lupus tissue takes place, the surrounding healthy skin remaining clear and smooth. Hebra states that lupous nodules retrocede, the surface of lupous ulcers soon becomes clean, the elevated edges are leveled, and cicatrization is accomplished in the course of a few weeks. A further action of the remedy, we are told, is upon the cicatricial tissue, whether that has originated from spontaneous ulceration or had been produced by cauterization. The scar becomes soft, and the effects of contraction or pressure are removed. Thiosinamin is said to be without effect upon syphilitic lesions,

and it has, therefore, been surmised that it may be of assistance in the differential diagnosis between syphilitic and scrofulous and tuberculous disease of the lymphatic glands. What the permanent influence and position of this new remedy may be, can only be determined by repeated and prolonged study by different observers.

Thiol. The powder is used as an absorbent upon moist surfaces. It may be beneficially spread upon the surface in acute eczema, in cases where vesicles have ruptured and discharged their contents, or where, as sometimes happens, the epidermis has been rapidly exfoliated, leaving exposed a raw and exuding corium. After the bullæ have been opened or have spontaneously ruptured, thiol forms a good dressing in pemphigus. In the erythematous and bullous varieties of burns, thiol also constitutes a good dressing, relieving the heat of the surface in the former, and taking up the discharge in the latter form. Thiol-powder is a good local application in erysipelas, especially in those cases where vesicles or bullæ develop. This itching and burning of erythema multiforme are alleviated by sprinkling the surface with thiol-powder. A 10 per cent. watery solution of thiol painted twice daily upon the affected surface has been found very useful in herpes zoster by Professor Schwimmer. The same authority reports especially good results in dermatitis herpetiformis from the use of a 10 per cent. solution of thiol. The solution has likewise proved effective in the treatment of papular and pustular eczema, acne, and rosacea.

Thio-resorcin. This substance may also be used upon the surface of ulcers, chancroids, bed-sores, ulcerated lupus, scrofulodermata, and other open lesions.

Thiophen. When made into a 5 to 10 per cent. ointment, has no deleterious effect upon the skin, and has been found a beneficial application in prurigo.

Thiophendi-iodide has been employed to fulfill the same purposes as iodoform. It prevents the development of the microbes of suppuration. It has been employed with success in the treatment of wounds and burns. It should be a useful application to abscesses of the skin, furuncles, carbuncles, pustular acne, impetigo, ecthyma, erysipelas, etc.

Alummol. Alummol is an antiseptic, astringent, and, in concentrated form, a cauterant. Alummol may be used as an aqueous solution, an ointment, or a plaster. It is an efficient application to ulcers. Leg-ulcers, bed-sores, chancres, chancroids, balanitis, herpes ann erosions of the genitals, open buboes, lupus ulcers, scrofuloderma, etc., are stimulated to repair by the action of this substance. Abscess-cavities may be effectively irrigated by means of a 10 to 20 per cent. solution of alummol. In acute vesicular eczema and in papular eczema a 1 to 5 per cent. solution of alummol renders good service. In acne and furunculosis the use of the same lotion is followed by amendment. In urticaria an alcoholic solution, varying in strength between 2 and 10 per cent., relieves the itching, tingling, smarting, and burning sensations characteristic of the disease. The same preparation relieves the pain and turgescence of syccosis, and has been found of benefit in psoriasis. An ointment made by incorporating alummol with lanolin, in the strength of 2, 5, 10, and 20 per cent., is effective in eczema, seborrhea capitis, psoriasis, erysipelas and favus.

Tumenol. Tumenol has been employed with success in acute eczema accompanied by weeping, in burns of the first and second degrees, superficial or deep ulcerations, and in paresthesia.

Stearates. The compound stearate of zinc is recommended as a dusting-powder in intertrigo, hyperidrosis, and acute vesicular eczema. It is useful in alleviating pruritis, and also as a vehicle for many other drugs. The addition of boric acid renders this salt beneficial in bromidrosis, eczema and ulcers. Mixed in various proportions with salicylic acid it is useful in hyperidrosis, eczema rubrum, and chancroids. Tannic acid added to the compound stearate of zinc is a good application to bed-sores. A union with chrysarobin is a beneficial application in psoriasis; with tar it is advantageous in chronic eczema and psoriasis; with resorcin in parasitic skin diseases and syphilitic ulcers. The compound stearate of mercury is recommended for the relief of paresthesia and as a substitute for other mercurial combinations.

Sulphoricinated Salol has been employed either under its own form or diluted as an application to ulcers.

Piperazin. This recent and valuable acquisition to our resources is chiefly applicable to the treatment of gout and other manifestations of the uric-acid diathesis. Its relation to diseases of the skin lies in the fact that, internally administered, it mitigates paresthesia when that symptom, as often happens, is dependent upon hepatic incompetency.

Thymol. In the proportion of 10 grains to the ounce of fat, it is a good application in acne and alopecia circumscripta. It is also useful in eczema, psoriasis, and ringworm.

Trichloroacetic Acid. It is freely soluble in water and is an efficacious caustic and astringent. It is slow in its action, but possesses the advantage that its effects can be more strictly limited than those of many of the other caustics now in use. Its eschar is noticeable for its dryness. Trichloroacetic acid is a serviceable application to warts, vascular naevi, pigment patches, and indolent ulcers.

—Shoemaker, *Med. Bull.*

PURE CARBOLIC ACID IN THE TREATMENT OF PUERPERAL FEVER.

Dr. Reginald Pratt, Lond. in the *The Provincial Medical Journal*, Sept. 1, 1893 recommends the swabbing out of the uterus with pure undiluted carbolic acid in cases of puerperal fever. He cites a septic case due to decomposition of retained lochia in a multipara, also an infective one, probably from the nurse, in the first the application was made without anaesthetic with the happiest result. The second was put under chloroform and the temperature soon fell to 100.2 degrees and she made a good recovery.

If the case is thus treated early before peritonitis or periuterine inflammation sets in, the treatment though severe is efficient; but if the case has gone on to suppurative peritonitis the only treatment is abdominal section and douche out the cavity with a boric acid solution. However, in addition to this Dr. Pratt thinks he would recommend the carbolic acid swabbing.

BEE-VIRUS FOR ACUTE RHEUMATISM.

Mr. John Worthington, United States Consul at Malta, has sent us a clipping from the *Malta Standard* of April 11th, which states that the theory that the virus of the bee-sting is an infallible remedy for acute rheumatism has received most unquestionable confirmation from the practices of the country people in Malta. Bees are said to be plentiful on the island, and the virtue of the sting as a cure for rheumatism has been long established. It is, in fact, said to have been a common practice for generations past to resort to this remedy in all severe cases, the results being most favorable.

If the foregoing statement proves to be true, and the same virtue dwells in the virus of the sting of the surprisingly active bee of our country, will not some of our brethren who dwell in the rural districts give it a practical test and supply the cities with the article!

JAMES WOOD.

BISULPHATE of quinine is said to be used in some of the secret hernia cures. A solution (generally in the proportion of from four to seven grains to the dram of distilled water) is injected into the hernial sac and the parts thoroughly kneaded to bring the solution into contact with the entire surface of the sac. This treatment is also said to be successful in the treatment of hydrocele. The sac is evacuated of its fluid contents and injected with the quinine solution.—*Med. World.*

PALSUS BIJEMINUS AND DEATH FROM DIGITALIS.

Huchard found that digitalis in many persons leads to a preversion of the cardiac rhythm, which has received the name of pulsus bijeminus. Two revolutions of the heart follow each other rapidly: the first is usually the stronger and is easily felt in the pulse, while the second may be so weak as to be scarcely, if at all, indicated there. This peculiarity is also found in many arterial cardiac lesions from their tendency to produce cardiac dilation; but it is often overlooked, either because it is transitory or because it is mistaken for an irregularity. Each pair of beats is

separated by a more or less well marked interval, which prolongs the duration of the systole and thus increases the amount of blood which flows into the ventricles and distends their weakened walls. Then two systoles follow each other quickly in order to thoroughly empty the over-full ventricle. As digitalis increases the period of diastole, it favors the production of this abnormal rhythm, and in these cases must therefore be withheld, as it may lead to rapid, or even sudden death, with symptoms of cardiac dilatation and cyanosis.—G. G. Sears in *Boston and Med and Surg. Jour.*

REMOVAL OF OXYURIS VERMICULARIS.

In the *Correspondenz-Blatt fuer Schweizer Aerzte*, August 1st, 1893, p. 540, Dr. Etter, of Thurgau, warmly recommends the following simple and "sure means (*sicheres Mittel*)" for freeing patients from oxyuris vermicularis. Every evening, at bedtime, the patient is placed in a knee-and-elbow position, after which an assistant separates the anal folds as thoroughly as practicable, while the operator proceeds to catch discovered parasites, one by one, by means of a *pincette* or a hairpin, or any appropriate instrument. The "hunting" (which at the first sitting secures a more or less abundant booty," but subsequently becomes ever less "rich") should be diligently continued for several successive evenings, until no worms can be discovered. On the whole, a complete cure requires about three weeks' time.

—*Provincial Medical Journal.*

THE TREATMENT OF INFANTILE DIARRHEA AND SO-CALLED ENGLISH CHOLERA.

Since infantile diarrhea is unusually virulent in London and in other large towns, no less than 1126 deaths from diarrhea having occurred in the thirty-three largest towns in England during the week ending July 22nd last, and since it has shown a tendency to affect adults in the form of "cholera nostras," a brief account of its treatment may not be out of place in the columns of *The Lancet* at the present time. The disease is undoubtedly due to the development of a special short, rod-shaped bacillus in the

intestines, and the poisoning of the individual by the absorption of the ptomaines produced by its growth in the intestines. The stools in severe cases consist almost entirely of the organism in question, mixed with a little mucus and a few putrefactive bacteria and ameboid bodies; similiar to those found in dysentery, and which are in all probability altered white corpuscles. The bacilli are absent from the blood and tissues of the body; the renal epithelium is found swollen and degenerated, the nutrition of the lungs suffers, so that bronchopneumonia is almost always found post mortem. The last named changes are probably the result of the accumulation of ptomaines in the blood and the rapid withdrawal of water from the tissues. Clinically the disease is seen in three forms. (1) the mildest form is seen as a simple diarrhea, with offensive pultaceous yellow stools containing a large quantity of mucus; (2) in the commonest form early vomiting is marked, with extreme and rapid depression, the stools being greyish-yellow in color thin and slimy and very offensive, having an odor like rotten cheese and composed almost entirely of bacilli; (3) the most intense form is characterised by thin watery grey-brown fetid stools, the brown color being due to admixture with blood. The passage of membranous shreds, so common in Leicester, I have not observed in London. In all these forms that most powerful antiseptic the perchloride of mercury is the only drug to be relied upon. For the first two forms the best results will be found from subnitrate of bismuth, ten grains; liquor hydrargyri perchloridi, six minims; mucilage, one drachm, water, one drachm, to be given every two hours. For the form last mentioned accompanied by hemorrhage, dilute sulphuric acid (ten minims), liquid hydrargyri perchloridi (six minims), and syrup (one drachm), to be given every two hours, will be found most effectual. The doses should be doubled in the case of adults. This treatment should be commenced at once in all cases; if any dose is vomited soon after its administration it should be repeated in a few minutes. Pure water should be supplied from the first to quench the extreme thirst, to keep up the action

of the skin and kidneys and assist the elimination of the poison circulating in the blood. The patient should be at once wrapped in a blanket and hot-water bottles applied to keep the blood circulating on the surface as much as possible, and prevent the tendency to its accumulation in the internal organs. Absolute rest is essential from the first; the patient should not sit up, even for the purpose of vomiting. Alcohol is required from the beginning, and it is best given in the form of rectified spirit, of which two minims may be added to each dose of medicine for an infant. If one is unfortunately called to a case in which collapse and coma have set in, every means must be taken to restore the circulation by the application of external heat to the surface of the body; and the addition of water to the blood by injecting saline solution into the subcutaneous tissue of the body by means of an exploring syringe. The administration of water by the mouth cannot be relied upon, since vomiting is especially severe in this stage. Lastly, it must not be forgotten that the disease is very infectious; if a case is admitted into a children's hospital it almost always spreads in a virulent form and will attack adults, the dissemination probably taking place by the discharges drying upon linen and thus becoming volatilised into the atmosphere and contaminating all articles of food.—S. W. Wheaton, *Lancet*.

CELOROBROM IN SEA-SICKNESS.

I used chlorobrom in all cases of seasickness to which I was called whilst ship's surgeon to the S.S. *Rimutaka* during a voyage to and from New Zealand, and I now desire to state my experience as to its action. I always gave it in three-drachm doses in the second stage of this distressing ailment, when retching, headache, depression and sleeplessness were the prominent symptoms, the hour selected for administration being 10 P. M. in order to secure a good night's rest. The results were very satisfactory. The chlorobrom was always retained and was always followed by sleep (generally sound.) The patients awoke much refreshed in the morning, with an appetite and able (except on one occasion) to eat and retain something light.—*Lancet*.

DEATH UNDER CHLOROFORM.

We have been favored with the following report by Dr. H. Tilly of a death from cardiac failure at the London Throat Hospital, Great Portland Street. On the afternoon of July 19th chloroform anesthesia was induced in order to remove the tonsils and postnasal adenoid growths. This was successfully accomplished; the slight hemorrhage had ceased, and the patient was beginning to recover consciousness, when fatal syncope ensued. The patient was a healthy-looking lad, eleven years of age, admitted under Mr. W. H. Stewart. He had had a good breakfast in the morning, but nothing since except from half to three-quarters of a pint of beef-tea about twelve o'clock. Previous to inhaling the chloroform the patient's pulse was good, and except for a little superficial eczema round the lips, nothing seemed amiss with him. He was not at all nervous. The anesthetic was administered on a modified Skinner's inhaler at 3.45 P.M. The patient took it well, struggling very little during the first stage, and when anesthesia was complete the pulse and respiration were good. No more chloroform was given. The operation was completed in about two minutes, the hemorrhage had practically ceased, the patient was placed in the semiprone position, and the medical men on the point of leaving him when he suddenly became pale, although it was noted at the time that respiration continued. The head was immediately lowered, the tongue drawn and held out with forceps, the legs raised, and artificial respiration commenced, air entering freely with inspiration and expiration. An ounce of brandy in warm water was injected into the rectum and retained, and ten minims of ether injected under the skin over the heart area. The electric battery to the heart area, amyl nitrite to the nostrils, flagellation of the face and chest with a wet towel, hot sponge over the heart were other means adopted from time to time to stimulate the circulation, but were of no avail, although persisted in for more than an hour and a-half. One reason for continuing these measures for so long was that the patient's color seemed to give hope that the circulation had not entirely failed. Nothing was clearer in the case than the fact that res-

piration continued after the heart failed, how long it is almost impossible to say, as the movements of artificial respiration, which were never relaxed from the commencement of bad symptoms, obscured the natural respiratory movements; however, as nearly as one can guess, about two minutes after the commencement of artificial respiration the patient inspired naturally, whilst an effort was made to keep accurate time with these natural movements, unfortunately without any good permanent result. At the *post-mortem* examination the heart was found empty and perfectly healthy. The lungs were congested—a fact probably explained by the long-continued artificial respiration. There was no obstruction in the larynx, trachea, or main bronchial tubes. All the other organs were healthy.

—*British Med. Journal.*

HIGH FREQUENCY CURRENTS AND
"HARMLESSNESS."

The high frequency *furor* has invaded the field of physiology and even that of electro-therapeutics. It is possible and probable that on subsidence it may leave behind it results of solid and lasting value. It is conceivable even that our present electrical methods are on the eve of revolution and that currents of high frequency and potential may eventually displace the three conventional forms of current ordinarily used in medicine. In the meantime the physician must keep an open mind—a "level head." His attitude must be that of inquiry, tempered perhaps by a wholesome tinge of scepticism. He must try to make good his way as he goes and decline to be hurried along in an excited rush over ground that is at best but very insecure. He must often pause to steady his mind and question himself as to the "what" and "how" and "why." The "what" is briefly this: It is well known that certain currents of high frequency (500,000 to 1,000,000 or more alternations a second), strong enough to light lamps which with ordinary frequency require currents that are dangerous to life, may be passed through the human body without producing any very appreciable effect in the way of sensation or neuro-muscular phenomena in the shape of contraction. M. d'Arsonval, who

more than anyone else has experimented in this direction, states further : (1) that tissues traversed by such currents become rapidly less excitable and that an analgesia lasting from one to twenty minutes is produced at the point of penetration ; (2) that the vaso-motor system is strongly influenced, as is shown by the fall in blood pressure registered by the manometer in the carotid of a dog or by the Marey sphygmograph in man ; (3) that on the continued application of these currents the skin becomes vascular and perspiration follows ; (4) that animals submitted to the action of such currents show an increase in the respiratory combustions, as seen by examining definite quantities of blood by the usual physiological methods ; (5) that they have an influence on certain micro-organisms as shown by their action on the pyocyanic bacillus (decoloration of blue pus) ; (6) that the body may be submitted to the action of such currents either by passing them directly through the tissues or placing the tissues or the whole body in the interior of a solenoid (without contact with it). This latter method he calls "auto-conduction."

In connection with these observations he mentions two hypotheses : (1) that the current on account of its enormous frequency passes by the surface of the body as such currents are known to do with other conductors, and (2) that the sensitive and motor nerves are so organised as to respond only to vibrations of a definite frequency, in the same way that the terminations of the optic nerve are "blind" for undulations of the ether of a period less than 497 billions per second (red) or more than 728 billions per second (violet). He rejects the surface theory so far as the animal body is concerned, and though he passed currents of 3000 milliampères he explains their harmlessness by "absence" of excitation, or rather on the hypothesis that these currents exercise on nervous centres and muscles an inhibitory action of the kind studied by Dr. Brown-Séquard, and he considers that this inhibitory action is shown by some of the phenomena above described.

In this country the harmlessness of such currents is generally explained by the fact that there is virtually no current

strength (amperage). In *The Lancet* of December 24th, 1892. I detailed some experiments with comparatively low frequency currents which seemed to point in this direction. In the *Electrical Review* it was pointed out that in all high frequency experiments the current strength is probably very small owing to its being "whittled down" by the various transformations to which it had been subjected. In the *Philosophical Magazine* of February, 1893, Mr. Campbell Swinton offered an explanation of the lamp experiment which is now well known, which has been freely reproduced both in the medical and lay press, and which is now, I think, the explanation most generally accepted.

Attempts to form an opinion on such points may be assisted by reasoning of the following kind: Since efficiency varies with the square of the frequency, and since currents of high frequency must have high voltage for conducting the current, it follows that to obtain an exceedingly small current of high pressure and high frequency great power is required to produce it. Supposing that a current whose initial energy is as large as two ampères at 200 volts—i. e., about half an electrical horse-power—is transformed up to 100,000 volts, the resulting current strength (ampère) cannot be more than 0.004 ampère (4 milliampères). Now if instead of arguing from the initial energy one begins at the other end and takes the amount of work done at the terminals as the basis of reasoning, it occurs to me that a better and more definite point of departure is obtained. What is the actual work done by a current of this kind as it escapes from further manipulation at the terminals of the high frequency coil? I place a five candle lamp, which on ordinary circuit glows bright-red with 250 milliampères at ten volts, between the terminals of the apparatus and find that here also it is brought to the same degree of redness. I then substitute my body for the lamp by holding in my hand two copper cylinders. On turning on the current no muscular contraction or sensation beyond a slight warming effect under the electrodes is perceived. After breaking circuit there is perhaps a slight deadening of the or-

dinary cutaneous sensibility over the same area.

Using a half-crown as an electrode on the forearm, there are no effects beyond the above; using a shilling in the same way, there is a slight pricking effect; with a sixpenny piece this becomes more marked and with a threepenny piece painful, I am, therefore, in possession of two facts. In the first place I have applied to my body, through the area of a threepenny piece, a current which would bring to a red glow a lamp requiring with a low potential current circuit 250 milliamperes and 10 volts (2.5 Watts). Was I, therefore, passing such a current through my body? Taking my body out of circuit, I approximate the terminals until within sparking distance of each other. This distance measures one centimetre. Turning to De La Rue and Muller's sparking table I find that such a spark-gap requires a pressure of 9000 volts to overcome it. But the total energy required to glow the lamp is 2.5 Watts; therefore the current strength will fall short of 3 milliamperes. If an experimenter, therefore, states that by such an apparatus he has passed 3 amperes (3000 milliamperes) through a man's body, may I, assuming that his spark-gap was not less than 1 centimetre, representing 9000 volts, conclude that he considers he has passed through the living body a total energy of 27,000 Watts or 36 electrical horse power? The second point which this experiment shows me is that painlessness must depend largely on concentration of current (density). It is absent when spread over the area of a half-crown and present when concentrated through a threepenny piece; mere rapidity of alternation will not therefore *per se* make a current painless. Rapidity will transform and minimise, current strength (amperage) but when such current strength is concentrated through a sufficiently small electrode (represented in an extreme form by a spark?) it becomes painful. Apart, however, from the physics of the current itself there is that of the conductor—i. e., the body—also to consider—firstly, that ever-varying quantity, resistance, mainly determined, as is known, by the condition of the skin and changing as the skin happens to be dry or damp. The above

considerations, looked at collectively, seem to me to point to the probability: (1) that currents of high frequency and potential owe their "harmlessness" mainly to their small current strength, but that the resistance of the body certainly, and the independent conductivity of its surface fluid possibly, as well as other conditions, may play an important part in explaining the occasional harmlessness of currents of ordinary frequency and admittedly large current strength; (2) that sensation and muscular contraction are influenced by the frequency of the alternation, the extent of changes of potential, and the suddenness (brusqueness) with which that change is made—i. e., by the shape of the electrical curve of which these three are factors—three factors whose effective action is determined also by the degree of current strength and its concentration on a given area.—W. S. Hedley, *Lancet*.

RELATIONS OF DYSPEPSIA TO PULMONARY TUBERCULOSIS.

At the recent French Congress for the Study of Tuberculosis recently held in Paris, one of the subjects discussed was that of the relationship of dyspepsia to pulmonary tuberculosis.

Marfan has maintained in his thesis that the digestive disturbances of the phthisical bear the relation not of cause but of effect; in other words, they are but one of the manifestations of tuberculosis. Often the dyspepsia masks the tuberculosis. Marfan believes the initial dyspepsia to be caused by a "humoral state."

According to Hayem, whose paper attracted much notice, the gastritis of the phthisical is a common gastritis due to the ordinary causes of stomach inflammations. It is generally accompanied with retardation in the evacuation of the stomach and consequently with dilatation. It sometimes precedes for several years the appearance of the tuberculosis, and is only exaggerated at the onset of the phthisis in patients who take excitant drugs or who adopt a regimen not adapted to the state of their stomachs.

The causes of the gastric affections of the phthisical are those of ordinary gastric affections, to wit, the abuse of tobacco and alcohol, errors in diet, etc.

It is a mixed gastritis, parenchymatous and interstitial.

In one case, Hayem found, at the autopsy, a general amyloid condition of the entire mucosa; in another, a necrosis due to a thrombosis, exceptionally, he has met with a tuberculous ulcer.

A gastropathy of uncertain source begins early in life; it entails a state of general debility, and at a certain moment pulmonary tuberculosis bursts forth. The physician then institutes an active treatment based on super-alimentation and the abuse of medicaments.

Under the influence of this particular regimen continued for months, there supervene the symptoms of violent gastric catarrh, in other words, the "initial gastric syndrome" of Marfan. It is simply the exaggeration of a gastropathy which had existed for many years, sometimes fifteen or twenty years before the appearance of the pulmonary accidents. Under a suitable dietary regimen and the suppression of medicines these gastric symptoms vanish.

When the attending physician discards the administration of irritant medicines and prescribes nourishing, easily-digested foods, he will even in febrile cases see the condition of the stomach improve.

Tuberculosis at the onset, then, does not make the state of the digestive organs evidently worse. On the contrary, there are few diseases which so rarely affect the stomach. One is often astonished at the digestive capacity of the phthisical, who will eat more nutritious food than a well man.

In concluding, Hayem said that with the exception of rare lesions, ulcerations, amyloid degenerations, etc., the gastritis of the phthisical is of the common kind.

It is sometimes latent, and is not diagnosed before the appearance of the tuberculosis. It should, nevertheless, be a subject of preoccupation by the medical attendant, for this gastritis may end in grave gastropathies and open the door to pulmonary tuberculosis. In hospital patients it would seem that chronic alcoholism is a frequent cause of gastritis.

One of the best means of warding off pulmonary tuberculosis in the predisposed consists in treating the gastropathy.

The proper medication addressed to

the digestive tube may perhaps in some subjects arrest tuberculosis at the onset.

—*Boston Med. and Surg. Journal.*
Aug, 31st.

Prescriptions.

TREATMENT OF LEUCORRHEA.

Injections:

R Cupri sulfatis 1 gram
Aque, 200 grams
M. S. Use as an injection.

R Acid. salicyl. 6 grams
Glycerini 100 "
Aque, 1000 "

Dissolve the salicylic acid in the glycerine by heating of water-bath, then add the water.

M. S. Use as an injection.

R Potass. chloratis, 13 grams
Vini opii, 10 "
Aque picis, 200 "

M. S. In a quarter of a liter of hot water pour two or three large spoonfuls of this solution for injection in fetid leucorrhœa.

R Cachou pulv. 5 grams
Myrrh. pulv. 5 "
Aque calcis, 200 "

Filter after a long trituration.

S.—Use many times a day as an astringent injection.

—*Annales de Medecine, No. 35.*

TONIC MIXTURES.

R Fl. ext. erythrox cocae, ʒi
Tinct. gentianæ comp, ʒss
Elixir simplicis, qs. ad ʒiv
M. S.—Teaspoonful three times a day.

—*F. S. Parsons.*

R Ferri et ammonii citratis
Ammonii chloridi, aa gr. xxxij
Syrupi
Aque anisi, aa ʒii
M. S.—A teaspoonful three times a day.

—*J. Lewis Smith.*

CATARRH CURE.

A very effective application for catarrh of the nasal passages is the following.

Iodoform, 10 grs
Carbolic acid, 15 grs
Petrolatum, 1 oz

Mix. Apply to the inside of the nostrils at night on retiring.

—*Maritime Med. News.*

R Sp. chloroformi, 3v
 Acidi hydrochlor. dil. 3ii ss
 Infusion. cinchonæ, 3xv
 M. S.—Two tablespoonfuls three times daily.
 —*Fothergill.*

PERSPIRING HANDS.

The following formula is given in the *Pharmacologisches Centralblatt*, No. 2, 1893, for the treatment of perspiring hands:

R Acidi borici gr. 75
 Boracis acidi salicylici . . . aa gr. 225
 Alcohol rectificati f, 3i ss

M. S. The hands to be rubbed thoroughly thrice daily with the application,

News.

OBITUARY.

W. M. GRAILY HEWITT, M. D., F. R. C. P.,
 LOND., F.R.S., EDIN.

The death of Dr. W. M. Grailly Hewitt which occurred on August 27th in London is announced.

Prof. Hewitt's reputation in the obstetric world was widespread. His contributions to the literature of gynecology were numerous, the principal work being upon "The Pathology, Diagnosis and Treatment of the Diseases of Women," and reached its fourth edition.

Dr. Hewitt's death was due to renal disease. He was sixty-five years of age.

PROSECUTED ON ACCOUNT OF A POSTAL CARD.

Dr. James E. Reeves, formerly of Wheeling, now of Chattanooga has been sued for damages on account of the following postal card, written to Dr. Mettner of Cincinnati:

CHATTANOOGA, Aug. 14, 1893.

My Dear Doctor:

I have seen your name in Amick's pamphlet. Please give me the outcome of your experience with the so-called chemical treatment" for consumption. The enterprising managers have within the last month made Chattanooga a sort of head-center for sending out in the secular press wonderful cures which are

pure fabrications. Not a particle of proof can be furnished that a case of tubercular consumption has been cured, or benefited by the so-called treatment. Has Cincinnati sold out and moved to Chattanooga? Verily, it seems so. Speak your mind fully to me.

Sincerely yours,

JAMES E. REEVES.

Dr. Reeves is full of fight, and says he will expose the whole thing in court next October with great pleasure.

MICROBES ON POSTCARDS.

The latest scare in microbes has been started by Professor Uffelmann, of Rostock, who infected a letter with cholera bacilli and put it into a post-bag. When the letter was taken out, 23½ hours later, the bacilla were still alive. Bacilli were also found living on postcards 20 hours after infection. The micro-organisms were found to die rapidly when placed upon coins. A fly charged with cholera bacilla was afterwards placed on some beef. A little later the meat was found to be swarming with bacteria. A finger was infected with cholera bacilla and dried. One hour later the finger was rubbed on some roast meat, and numerous bacilli developed subsequently. The moral of all these experiments is obvious.—*The Medical Press.*

ACTIONS AGAINST DRUGGISTS.

Two infants have recently died in in Brooklyn from the effects of medicines illegally prescribed by druggists, and proceedings have been instituted against the latter. An action for \$10,000 damages has also been brought against one of these druggists in another case. The plaintiff alleges that his five-year-old daughter, having broken her arm, was taken to the defendant's drug-store, and that a liniment was prescribed under the idea that the injury was merely a sprain. For ten days or more this was used, but the arm finally became so swollen that the child was taken to the Brooklyn City Hospital, where it was ascertained that a fracture had occurred. By this time the bones had united in such a way as to cause a marked deformity, and it became necessary to fracture them over again and reset the fragments.

—*Boston Med. and Surg. Journal.*

ASPECTS OF AMERICAN PHARMACY.

It is the opinion of some of those best capable of judging in America, that less than 5 per cent. of those entering the of those entering the drug trade in the United States could pass the English preliminary examination, and probably not 1 per cent. could attempt the Latin paper. It has been even questioned if one in a dozen of the members of the boards of pharmacy could write an English prescription in full Latin. It may be asked why, if that is so, American pharmacists do such good work. Their pharmacopeia touches the high water mark: how can that be? The answer really shows the possibilities of American pharmacy. The workers in research, the men who compile pharmacopeias, are the pick of the thoroughly educated class, some of them naturalized citizens whose early training was obtained in Europe. American pharmacy would be bad indeed if from its 30,000 followers a score or two fit men could not be picked for the best work. But the conditions are altogether opposed to the growth of this class, and unless educational and examination reforms are introduced for the improvement of the trade, the United States pharmacopeia will become an expression of the opinions of teachers or professors and of chemists to manufacturing houses. That is a consummation not desirable from any point of view."

—*Jour. of the Am. Assoc.*

MEDICAL PRACTICE IN COLORADO.

Hereafter the Colorado State Board of Medical Examiners will recognize only diplomas from three year schools as entitling their holders to license. The courses of lectures must have been of at least twenty weeks each, and given in three separate years, and a preliminary examination must have been required.

Instructions must have been given in anatomy, chemistry, physiology, pathology, materia medica and therapeutics, obstetrics and gynecology, surgery, medical jurisprudence, theory and practice of medicine and hygiene.

In default of such a diploma the candidate for license must pass an examination in anatomy, chemistry, physiology, pathology, surgery, obstetrics and gynecology, and theory and practice of medicine.

—J. N. Hall, M. D., in *Med. World*.

SHOULD DOCTORS CHARGE DENTIST'S FEES?

The above question is going the rounds of the papers. It seems to be fair that dentists should be remunerated for out-of-pocket expenses, such as gold-filling; and *vice versa*, that dentists should pay medical men expenses incurred for drugs or surgical instruments, supposing these to be supplied. An arrangement is sometimes made between doctor and dentist for mutual attendance at half fees.

—*The Med. Press*.

Physician (with ear to patient's chest) "There is a curious swelling over the region of the heart, sir, which must be reduced at once."

Patient (anxiously). "That swelling is my pocket-book, doctor. Please don't reduce it too much."

—*Our Dumb Animals*.

NEW HOSPITAL.—The trustees of St. Barnabas hospital, Minneapolis, contemplate the erection of a new brick hospital building upon the site of their present frame building. The new building will cost about \$25,000.

PROFESSOR VON BERGMANN has been elected Dean of the Medical Faculty of the University of Berlin for the coming year.

THOMPSON'S MALTED BEEF.

A perfect Liquid Food and Nutritive Tonic, made by a combination of a Superior Malt Extract with a Pure Peptonized Extract of Beef. Unsurpassed in cases of Mal-Nutrition, Dyspepsia, Wasting and Debilitating Diseases or Convulsions. Both preparations are endorsed by Physicians.

THOMPSON'S MALTED HOP TONIC.

A PURE Extract of Malt and Hops. Superior to the imported. It is a PERFECT TONIC.

C. F. THOMPSON, Sole Propr., and Mfr., 146 and 148 S. Water Street, Philadelphia.

For Sale by all Druggists.

The Times and Register.

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Original Article.

SUPPURATIVE PERFORATIVE OSTEO-MYELITIS OF INFERIOR MAXILLA, AND MULTIPLE SUPPURATIVE OSTEO-MYELITIS OF TIBIAL SHAFT, IN ANOTHER PATIENT.

By THOMAS H. MANLEY, M. D.

Surgical Clinic at Harlem Hospital, New York.

DR. MANLEY stated that he had been specially fortunate, in being able at the same clinic to exhibit two very interesting cases of an identical pathological process, in two different subjects, who, in each, presented, however, very widely diverse conditions, as to age, general condition and the seat of lesion.

The first case was a young woman, born of healthy parents, in Germany 27 years ago. She was cigar-maker by occupation and always enjoyed good health until two years ago. He said you will notice that she is of slight build, fair complexion, bright eyes, but of anemic appearance.

Two years ago she had the left lower bicuspid and first molar tooth extracted. Since then she has had constant trouble with the left lower jaw. At first there were neuralgic pains, then swelling and tenderness along the ramus of the left lower jaw; and finally, something about fourteen months ago, an abscess formed and burst, just a little posterior to the anterior surface attachment of the masseter muscles into the same jaw-bone, in other words, about three lines posterior, to the point at which the facial artery winds over the free border of the jaw. She has been under various practitioners' care, trying, in turn, antiseptic solutions, iodoform ointment, poultices and caustics; but in no instance with any substantial benefit. It had been dried up or healed, in this time, twice; but each time with the closure of the drain her sufferings were aggravated, until it reopened.

Along with the disfiguring effect of the opening, she has to continually wear some sort of absorbable material to soak up the drip, which intermittently escapes from it. Now, the question arises what is the nature of this lesion and where is the precise source of this discharge?

She denies specific disease, and it surely is not malignant; this case, then, is one which in modern times is known as tubercular. But how did she acquire tuberculosis? She did not inherit it, nor has she been subjected to contagion. The fact of it is, she has what our fathers in medicine would have designated a strumous-diathesis. At the time of the extraction of these teeth the alveolar arch was damaged by misdirected forceps pressure, or else the dentist has left the necrosed fang of a tooth imbedded in the jaw. This has acted as a splinter or foreign body so that we have a condition present, dependent on two distant conditions. First, a constitution-cachexia, plus a traumatism. The precise source of this sinus which opens through the soft parts, is in the osseous elements of the jaw.

The prognosis, in tubercular disease in bone is said to be unpromising in adults. This is correct, when the process extends into, and involves the joints; but it certainly is not when the lesion is limited to the shaft or diaphysis, as in this case; for though I have treated a considerable number of this description, I have yet to see one which did not promptly and permanently recover. The operative technique, in this case, will consist of the application of a few simple principles of surgery. First, go into the mouth and make a deep furrow, with the scalpel down on to the alveolar surface of the bone, at the suspected point. If we come on a fang, and I think I can feel one, freely strip and extract it. Next make a free opening over the small sinuous fistula and trace it to the point of disease in the bone. Scrape away all the softened carious bone, trim away the cicatricial, calloused edges of the ulcer and firmly seal in the cut with fine silk. We will do the draining through the mouth. The patient being ready, the first step in the operation was to enter the buccal cavity and extract the long angular necrosed root of a tooth. Now, the operator seized a small pointed gouge and scraped the cavity from which the dental substance had been removed. He said that here the bone was so rotten and friable that he could push his little finger entirely through the bone shaft into the opening in the skin. A direct communi-

cation was now made, the cavity of the mouth being continuous with the external opening. After grattage and irrigation the external wound was pared and carefully sutured, when the usual aseptic dressings were applied.

The second patient, was a boy ten years old with the following history: Six months previously he had scarlet fever, after which he suffered from nephritis, and rheumatic pains in the lower limbs. About three months ago, two suppurative points broke out on the inner surface of the left leg from which a seropurulent matter has since issued. After awhile along the same plane, and on the same surface, many other purulent foci erupted, and now as can be seen, one side of the limb, from the knee downward, is covered with port-holes which communicate with necrosed bone. Twice the pus has made its way to the surface. All severe pain in the limb has ceased.

What is the pathological character of the process which has led to such extensive bone disease? Is the lesion tubercular? In answer to this one might ask, is the specific germ present? We may say, that it has not been proved. In fact, I attach no importance whatever; to the presence or absence of this germ, for it is incontestibly true that we may, and do have strumous disease, so-called tuberculosis without the bacillus. And, again we often find myriads of them, in the laudable pus of a healthy strumous wound. The fact is, that the basis of this boy's disease is blood change. The poison of scarlet fever is terribly destructive to the blood, and the vaso-motor nerves. In this case, the deeper layers of bone, lining the medullary canal have simply perished, through mal-nutrition. It may be noted that although there is extensive disease of this boy's leg, yet he walks without a limp. This is commonly found in all cases, where the bone lesion is at a considerable distance from an articulation.

On an examination of the limb, I find a probe will enter any one of those apertures and penetrate deeply into the medullary cavity. Small, loose particles of sequestra can be felt at the top of the probe. Now, I will by surgical interference endeavor, at least, to do to this boy no harm, that is, I will simply en-

large those openings and endeavor to pick out with the dressing forceps, the fragments of remaining dead bone, which the natural processes of life are, unaided, rapidly disintegrating and throwing off, by liquefaction; It might be said that as I have not very extensively opened the cavity of this bone some microscopical foci of the disease may have remained. But, in my experience the generalization of tubercle is never dependent on a local lesion; hence, I am confident that in operating in these cases, it is better to err on the side of conservatism, than to take chances on an extensive mutilation and consequent damage to structures, which might have been preserved, if nothing whatever had been done, other than by a tentative therapy.

SINGULTUS: ITS CLINICAL VALUE AS A SYMPTOM AND ITS TREATMENT, WITH THE REPORT OF AN OBSTINATE CASE.

By F. S. PARSONS, M. D., LANSDOWNE, PA.
[Formerly Professor of Diseases of Children in the College of Physicians and Surgeons, Boston, Mass.]

IT is with difficulty that I have been able to find much literature upon the subject of singultus, or hiccough, not because it is so rare a symptom, as that few have written about it, apparently. Ordinary cases of hiccough do not excite especial attention and are easily controlled, generally without medical attendance. Often a glass of cold water, forced suspension of respiration for a moment, pressure over the phrenic nerve in the neck, or lifting up the liver, and hence, the diaphragm, by upward pressure under the border of the right lower ribs often relieve the hiccough at once. But this symptom, appearing during the course of a given disease, is quite a different matter, and sometimes not so amiable an affection to deal with. Especially is this true when the system has been over-taxed by some wasting disease.

Hiccough is a clonic spasm of the diaphragm, consisting of violent contractions of that muscle, accompanied by an inspiratory sound, interrupted by a momentary spasm of the constrictors of the glottis, and terminates in a short expiration.

There are, as far as can be determined, three principal causes for singultus.

1. It may be the result of direct irritation of the phrenic nerve, by pressure of tumors of the mediastinum, aneurisms, and pleuretic effusions, (if the mediastinal pleura be involved.)

2. It may be of a reflex nature; as from irritations of the pharynx, esophagus, stomach, intestines, peritoneum, biliary or renal calculi, and diseases of the prostate and uterus.

3. It may arise from central origin; as in hysteria, after emotional excitement, hemorrhages, in cholera, severe dysentery, typhoid fever, perforation of the intestine, yellow-fever, and other depressing diseases.

According to the intensity and duration of the spasm, singultus may be accompanied by pains, retraction of the epigastrium, embarrassment of speech, and symptoms of dyspnea.

It must be remembered, in considering the causes of singultus, that the two phrenic nerves differ in length, and also in their relations at the upper portions of the thorax. Arising from the third and fourth cervical nerves, and receiving a communicating branch from the fifth, thence descending to the root of the neck, lying obliquely across the front of the scalenus anticus muscle; passing over the first part of the subclavian artery and entering the chest they cross the internal mammary arteries near their roots.

Within the chest the nerves descend nearly vertical, in front of the root of the lung, between the pericardium and the mediastinal pleura, to the diaphragm, where each divides and sends branches into that muscle and also supply its under surface. The right nerve is deeper, shorter and more vertical than the left. Each supply filaments to the pericardium and pleura, and near the upper portion of the chest are joined by filaments from the sympathetic, and sometimes by one from the union of the *decendens noni* with the spinal nerves, as well as by a filament from the nerve to the subclavian muscle. From the right phrenic nerve one or two filaments pass to join a small ganglion with the phrenic branches of the solar plexus and branches from this ganglion are distri-

buted to the hepatic plexus, the supra renal capsule, and inferior vena cava.

Thus it will be seen that irritation of the branches of the phrenic, though considerably removed from the main trunk of the nerve, may be followed by hiccough.

In treating cases of long continued singultus the removal of the cause is all important for permanent results. The cause, as we have seen may come from three sources, direct irritation, reflex phenomenon, or central disturbance.

In cases where the cause is from direct irritation of the phrenic, and which generally are of mild spasmodic action, or short duration of the hiccough, cold water, ice, and acid drinks will often be of service. Pressure over the phrenic nerve, as well as under the liver as previously indicated will relieve most of these cases.

When the cause is of reflex origin, disturbances of the pharynx, stomach, and liver, diseases of the kidneys, uterus, or prostate must be sought and corrected. Instituting a counter irritation may succeed in these cases of reflex irritation. Dr. Gibson in the *Edinburg Medical Journal*, April, 1886, refers to sneezing as a counter irritation to hiccough, and the successful removal of the latter by a production of sneezing by tickling the nostrils. He further states that "there is not the necessity of the stimulus applied producing the sneezing, but the application of the irritant to the nasal mucous membrane may be quite enough to allay the hiccough by diverting the nervous energy into other channels."

When the symptom of hiccoughing arises from troubles of central origin, the case assumes a different aspect. Then it is that all the resources of therapeutics may be called in play before the spasm yields. Diseases may have supervened to irritate or disable the central nervous system. Anemia and general debility often attend the decline of such diseases as typhoid fever to such an extent as to cause singultus of the most profound type and in this situation it is generally safe to pronounce a grave prognosis.

The hysterical forms of singultus will often succumb to enemata of asafœtida, hypodermic injections of morphine, atropia internally, or chloroform inhala-

tions. Galvanism of the phrenic nerve may be tried with some hope of relief. Moist frictions, hot half-baths, affusions to the head and neck, or circling douches around the base of the thorax are often recommended. Chloral, bromide of potash, belladonna, antipyrine, cocaine, and other antispasmodics are all suggested and worthy of trial in protracted cases. Musk is a conventional remedy best adapted to the hysterical, but considered by some as specific, almost, in this disorder. Mustard drinks have been suggested by some authors. Dr. J. A. Cullen in the *Therapeutic Gazette* of August, 1886, states that he was given hyoscyamus in prolonged cases with good results, half a grain of the drug having been the dose, given in pill form, every three hours.

In one instance I have been successful by the employment of ergot when all other agents failed, but from the outcome of the case I am in doubt whether the good results of the drug were due to its action on the nerve centers or its action on the arterioles to produce anemia at the point of the offending irritation and thus removing the cause. The following is an account of the case: Robert C., age 58, lather by trade, always healthy previously, though not always temperate, contracted typhoid fever, which ran a mild course, the temperature never running higher than 103 degrees F. or the pulse over 100 beats per minute. The usual gurgling and tenderness on pressure over the right iliac fossa was present. There was some tympanites which was easily relieved by turpentine stupes over the abdomen, but the bowels were inclined to be more or less constipated, rather than the usual diarrhea which accompanies these cases. However, the stools were of the usual ochre color and exceedingly offensive for the first week. Slight cerebral symptoms existed during the second week which were of a temporary nature, consisting more of mind-wanderings in the night time than actual delirium. The patient was not markedly weak or emaciated.

The treatment of the first two weeks, after a single dose of calomel of two grains, was antipyretic, antifebrin being used in small doses.

At the end of the second week sin-

gultus appeared, which continued unabated, with regularity at every breath, for eight days. After the failure of minor "home remedies" I was summoned. On arrival I found the patient with a pulse of 108 and a temperature of 103 F. hiccupping loudly at every breath. Injected a quarter grain of morphia hypodermatically. That night he slept soundly but the nurse informed me that the hiccupping had continued uninterruptedly throughout. Then I tried full doses of chloral, but with similar results. This was followed by five drop doses of bella-donna every hour for a day, but to no purpose. Then a prescription of chloral, bromide of potassa, belladonna and musk was given which had no effect on the spasm. In succession were then tried ether internally, chloroform, faradism over the diaphragm, cold and heat passed alternately up and down the spine, a tight bandage about the base of the thorax and hyoscyamus, but the hiccupping continued evidently unabated. Then the production of sneezing was attempted according to the method of Dr. Gibson, and the patient was allowed to inhale some powdered quillaya saponaria, but, although the drug was so penetrating that the attendants were affected, the patient could not be induced to sneeze thereby, neither was the singultus affected. It was now eight days since the onset of this spasmodic affection and the patient was visibly exhausted from its long continuance. It had been suggested that the difficulty might be caused by a hyperemic condition of the nerve center, and ergot was advised a trial. Accordingly fluid extract of ergot was given in half teaspoonful doses every hour, the second dose relieving the spasm, and with the fourth the singultus entirely ceased. Then the ergot was discontinued, but the singultus returned after four or five hours and the ergot was renewed with like result.

The patient then began to rally and in two days felt strong enough so that against my advice he sat up to have his bed changed. The ergot had been gradually discontinued and stopped with no return of the hiccupping. The fever also abated and pulse were about 90. Within the next twenty four hours,

this patient was seized with a copious hematemesis consisting of dark and clotted blood which was afterwards mixed with bright arterial blood. This new phenomenon continued throughout the day the patient going steadily into a state of collapse from which he never rallied. I afterwards learned that he had been given meat to eat that day. An autopsy was refused. It may be safe to assume that an ulcer of the stomach, of typhoidal nature, was the cause of the hemorrhage and probably the cause of the long continued singultus.

This conclusion is reached from the ultimate outcome of the case. Had the meat not been given, the patient may have recovered, even though the ulcer had been deep. The evident lesson to be learned from this case is that one should be always guarded in his prognosis when singultus arises in connection with some acute or debilitating disease, while occurring in healthy persons it is in itself nothing to occasion alarm.

STUDIES IN INFANT FEEDING.

There are certain requisites for an infant's food before it can be recommended for general use. Thus, it must be readily procurable under the common and ordinary conditions of life; it must be digestible, nourishing, and fairly cheap. The mixing or preparation of such a food must not be too complicated. The conditions here mentioned can only be met by employing cow's milk, more or less diluted or altered, according to the necessities of the case. Those who have had a large dispensary and hospital experience in artificial infant feeding among the poor can not have failed to notice the frequent tendency to atrophy. This is often so extreme as to cause death. Even in cases not so marked there is almost universally present a condition of underweight. Many unfavorable hygienic conditions favor this deplorable result, but the principle cause is the nature and quality of the food that is administered.

The milk as ordinarily delivered on a

*Abstract of paper read before the Section in Pediatrics of the First Pan-American Medical Congress, by Henry Dwight Chapin, M.D. New York, N. Y.

given morning in New York, and doubtless in other large cities, consists of a mixture resulting from the milkings of the previous morning and the night preceding, thus being from twenty-four to thirty-six hours old. If the milk dealer knows his farmers, he can sometimes induce them to put the twenty-four hours' milk in a can by itself, which is a gain as regards infant feeding. What is urgently needed is more scrupulous cleanliness in the handling of the cows and milk upon the farm, and quicker and more frequent methods of transportation of the milk to town in order to represent a real gain in the feeding of infants. It need hardly be mentioned that the average milk from a herd of cows is better and safer than the traditional one cow's milk. As soon as the milk is received in the early morning it is put in a tin pail or wide-mouthed vessel that is covered and allowed to stand in a cool place for three hours. The top half only of this milk is to be administered to the infant, as advised by Dr. Meigs. This top portion is best separated by being carefully dipped off by a cup or ladle. If decanted, both layers of the milk will become mixed by the lower part rising when the vessel is tipped.

The minimum of fat allowed for genuine milk is three per cent. The increased amount of fat procured in the part of the milk to be used represents a real gain in feeding the infant. The newer analyses of milk do not confirm the older view that cow's milk contains more fat than human milk, but rather the reverse. Thus Professor Leeds found, upon analyses of forty-three samples of woman's milk, an average of 4.013 per cent. of fat, while upon analyses of eleven samples of whole market milk the average percentage of fat was only 3.75 per cent. König finds the average of fat in woman's milk to be 3.90 per cent., and in cow's milk 3.66 per cent. Professor Rotch places the average of fat in both cow's and woman's milk at four per cent. As cow's milk has to be more or less diluted before being administered to the infant, the necessity of starting with a preparation that is rich in fat will be apparent. The next step to be taken is to see that all fermentation in the milk is stopped. Cow's milk, as ordinarily

procured, must be treated for its biological as well as its chemical properties. The well-known process of sterilization aims to fulfil this object. Partial sterilization, or pasteurization, to the point of killing the germs only, is necessary and desirable. The high and continuous temperature required to destroy spores produces various unfavorable changes in the milk. Practically, all that is required is to submit the milk to sufficient heat to destroy the bacillus of lactic-acid fermentation which causes the souring of milk. This bacillus has been described as of small oval form, occurring singly and in pairs. It is easy, by prolonged and repeated applications of high temperature, to keep milk indefinitely from souring. By reheating once or twice, it can be kept for months without any sign of acid fermentation. Such milk, however, is by no means fit for administration to the infant, as the fat collects in masses and changes have taken place in the albuminoids. The casein is altered, the milk remaining more or less liquid in the stomach, as the action of the stomach acids and of the lactic ferment on the casein of sterilized milk is incomplete. Analyses of excrement show more nitrogen and more fatty acids after feeding with sterilized milk than with raw milk. Not only is the digestibility of the milk diminished by long heating, but the necessity for it indicates so many bacteria that their excreta, which can not be rendered harmless by heat, may cause poisoning. It has been found that milk well sterilized will, after a certain interval of time, undergo a species of decomposition with an alkaline reaction. Dr. Koplik states that the alkaline fermentation has not been investigated to such an extent that we can with certainty pass upon the deleterious or non-deleterious effects upon infants of the products of this decomposition. Accordingly, this writer condemns the storage of sterilized milk and its subsequent use after prolonged periods, and I concur in this opinion. Simply sufficient heat must be applied to the milk to keep it sweet until the next supply can be procured. An ordinary double boiler, such as is found in every kitchen, will meet all the requirements of average heating. The Arnold steam cooker may prove more convenient, and

Freeman's pasteurizer is handy and efficient. As a rule, fifteen minutes' heating is sufficient with the bottles well plugged with cotton. The addition of a one per cent. solution of peroxide of hydrogen is a safe preservative of milk for some hours, when heating is undesirable or not convenient. If more scrupulous care were exercised at the source of the milk supply, and the impurities completely separated by the centrifugal process, in the great majority of cases no means at all for preservation need be employed, and an advance in this direction is urgently needed.

We still have facing us the old and difficult problem of how to act best upon the tough, leathery curds of cow's milk as to make them most acceptable to an infant's weak digestion. Not only are the albuminoids much greater in amount in cow's milk, but the portion coagulable by acids is greater than the non-coagulable part, while in woman's milk the non-coagulable part much exceeds the coagulable portion. Hence the dilution of cow's milk, while reducing the albuminoids to a proper percentage, does not necessarily render the clot sufficiently soft to be readily digested by the infant. The question whether the size of the curd stands in any relation to the substance used as the diluent has been disputed. It has been taught that by adding gruels of the cereal grains to the milk the clot is mechanically attenuated. Dr. Rotch states, on the contrary, that practically the size of the curd depends simply on the dilution of the albuminoids and not upon the particular menstruum used.

Clinical results, however, point plainly to the utility of diluting with barley water, except in very young infants, and I believe the beneficial effects are, to a certain extent, due to a lessening of the compact character of the clot. The disadvantage in the employment of wheat or barley flour consists in the large proportion of starch contained in these grains, which may be great in very young infants. This starch may be rendered more soluble and easy of assimilation by heat or diastasic action. In many cases the effect of prolonged heating upon barley and wheat flour seems to have a beneficial effect, particularly when

there is a tendency to diarrhea. The good results of the old flour ball, made by prolonged boiling of the wheat flour in a bag, have long been recognized. But the heat so applied does not produce its beneficial effect by chemically changing the starch, but probably from some physical alteration which renders it more effective as a diluent.

The effect of dry heat upon starch is to produce changes into soluble starch, retrodextrin, achroodextrin, and finally a small percentage of dextrose and maltodextrin.* The higher dextrins are more soluble. Starch does not begin to dextrinate until 250° F. is reached, and this temperature should be maintained for several days if there is any quantity to be changed. At between 350° F. and 400° F. dextrination may take place in a few hours. It is evident that such a high temperature can not be maintained by any domestic process. If put into an oven the flour will soon be scorched or burned. An analysis of unheated meal taken from the same barrel yielding two-thirds more sugar and one quarter more dextrin than heated meal. The cause of this is that the diastase, whose function it is to convert starch into sugar and dextrin, is partially paralyzed by heat, the ferment undergoing this change at about 175° F. Starch treated with diastase is split up quickly into maltose and dextrin, and the longer the action is continued, the higher dextrin will be formed such as achroodextrin and maltodextrin. After a number of experiments and analyses, Dr. Eiloart has devised a receipt for which I am indebted to him, and which has been used at the babies' wards, consisting of a mixture of barley or wheat flour treated with diastase,† the temperature of digestion being regulated by the addition of hot and cold water in proper proportion.

This food can be easily and cheaply prepared in any household, and while the starch is changed to more soluble forms, there is not an excess of sugar.

Either barley, wheat or oatmeal may be thus treated, the principal difference

*Stohmann and Kerl. *Musspratt's Chemie*, Bd. xi. Braunschweig, 1889.

†Maltine was the preparation here yielding the diastase.

being the varying proportions of fat contained in these grains. According to Dietrich and König, the percentage of fat is as follows: Barley, 2.09; wheat, 1.55, and oats, 6.09. This may be borne in mind in prescribing for diarrheas and the various forms of indigestion.

The effect of malt upon milk is to favor its digestion and assimilation.

The actual results obtained from the use of food thus prepared in the babies' wards have been good, considering the class of cases treated. During May, June and early July thirty-seven infants suffering from various degrees of gastro-intestinal irritation and inflammation, and from one to ten months old, were thus fed. Seventeen increased slightly in weight after a week or so, sixteen lost a little in weight, and four remained stationary. When sterilized milk, diluted to the proper point with water, lime-water, or plain barley water, has been used, there is almost invariably a steady and slow loss of weight from the first, so that the change so often noted upon malting the preparation can not fail to be gratifying. Dr. Judson C. Smith, who is the district visitor for the hospital, seeing a certain number of the patients after they have been discharged, tells me he has used the extract of malt to peptonize milk about a year, both for infants and adults, with very satisfactory results. Babies from four months to one year old, when losing weight on other methods of feeding, have usually gained flesh and improved in every way on milk prepared with malt. One tablespoonful of malt is added to a pint of milk, which is heated from twenty to thirty minutes and then brought to the boiling point. The milk is then diluted with water according to the age of the infant.

A meeting of the Southern Surgical and Gynecological Association, will be held in New Orleans on the 14th, 15th, and 16th day of November. The members of the medical profession are cordially invited to attend.

W. E. B. DAVIS, M. D., *Secretary*.

BERMINGHAM, ALA.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, SEPTEMBER 30, 1893.

THE FATE OF THE DRAINAGE-TUBE AND THE IRRIGATOR.

THE above title has suggested to the writer, the remarkable changes recently observed by him in some of the operating theatres of world-wide reputation.

Then, where, O! where, we ask, is the ponderous irrigating-jars, the yards of rubber tubing; and, where is our operator, in his massive wooden clogs or rubber boots, as he waded through pools of fluids, which, after they drenched the patient, flowed in torrents over his rubber-enveloped body?

And where is the drainage tube; that

canalated conduit, without which, it was taught, a clean, dry wound would be impossible? The unfortunate wounded or mutilated had his body or limb so transfixed with this that they seemed like so many spines or spurs passing out of the openings made for them in the tissues.

Alas! in human fallibility the day of the tube too is numbered. Yes! all this artillery of monster jars, hydraulic apparatus, steaming boilers and multiple formidable drainers has no place in the hands of a rational operator, unless he attaches a leading importance to stage fixtures and theatrical effects.

In Sir Joseph Liester's operating room one is quite confounded at the simplicity of operative manual.

We look in vain for the white-frosted operator. The manager, with his coat on, turns up the sleeves, washes his hands, and slips on a pair of sleevelets, which are tied at the shoulders and wrists. A nurse with a quart hand-bowl in hand, supplies all the necessary douching material. The drainage tube is never seen, except in foul suppurating wounds. Yes, we have drained too much, we have irrigated too much. They are invaluable agents in rare, unusual cases. In clean, healthy wounds they are not only useless, but harmful and might as well be thrown out altogether as used to the absurd and needless extent which has heretofore characterized their employment.

T. H. M.

PERSONAL.

WITH the present number of the TIMES AND REGISTER I lay down the editorial pen and vacate the tripod. The pressure of other work, practical and literary, has long prevented my giving to my editorial duties the attention they require, and I am well pleased to have found so able a successor. I shall continue to labor for the interests of the

journal, and trust, that with the united efforts of the new editor and the old staff, our readers will have reason to congratulate themselves on the change. The Bureau of Information will continue under my supervision, and communications intended for it may be addressed to me as heretofore.

WILLIAM F. WAUGH.

PERSONAL.

It is not without a full appreciation of the magnitude of the work before me that I am induced to enter a field of labor so successfully carried on by the retiring editor, Dr. Waugh. It doubtless will be learned, with a feeling of relief to our subscribers, that the genial doctor does not relinquish all interest in the TIMES AND REGISTER with the editorial pen. It certainly has been due to his untiring efforts in the recent past that the readers of this journal have received so bright a periodical. My daily aim and ambition is that the editorial management shall not suffer in the retirement of Dr. Waugh, and that we can still present to our subscribers a valuable journal for the general practitioner.

F. S. PARSONS.

Annotations.

A NEW SYMPTOM IN THE DIAGNOSIS OF TYPHOID FEVER.

DR. V. FILIPOVITCH in *La Revue Medicale* August 20, 1893, has observed in two epidemics of typhoid fever a symptom not yet described, and to which he has applied the name of "palmo-plantaire." It consists of a peculiar callous and yellow color, orange or saffron, on all the prominent parts of the palms of the hands and the soles of the feet, parts which are among healthy subjects more or less rosy, but in cases of cyanosis be-

come bluish. This phenomena is explained by a weakening of the heart's action by an incomplete refilling of the capillaries, and by a drying up of the skin from enteric fever.

CREASOTE CARBONATE.

THIS is a new preparation from the chemical combination of beechwood creasote and carbonic acid. It is a clear, neutral, oily liquid, free from the unpleasant odor and burning taste of creasote. It is insoluble in water but soluble in five parts of cod liver or olive oil. It is non-poisonous to such a degree that it can be dispensed as a pure, undiluted substance by the teaspoonfuls and will agree with sensitive patients.

In the creasote treatment of phthisis it is desirable to exhibit the largest possible doses of the drug. The principal difficulty in this is the irritation to the stomach of the pure beechwood creasote. Therefore, if in creasote carbonate there has been found an agent that will give the fullest effects of the antiseptic properties of creasote without the danger of poisoning, a valuable advance has been made in modern therapeutics. It is stated that the first effects of creasote carbonate is an increasing appetite and consequent gain in strength while the cough diminishes in frequency perceptibly. Lastly a healing process in the lungs is observed. The compound is manufactured by Dr. F. Von Heyden, Germany, and is imported by Schering & Glatz, 55 Maiden Lane, New York.

BETANAPHTHOL-BISMUTH, CRESOL-BISMUTH, PHENOL-BISMUTH.

IN a paper published in the *Archives des Sciences Biologiques* Vol. II, No. 2, Dr. M. F. A. Jasenski reports experiments, made in Prof. Nencki's Laboratory at the St. Petersburg Imperial Institute for Experimental Medicine. As the results, derived from these experiments, Dr. Jasenski publishes the following conclusions:

1. Phenol-bismuth, cresol-bismuth and betanaphthol-bismuth, when introduced

into the stomach, are decomposed by the gastric juice into phenol, cresol or naphthol on one hand and bismuth on the other; some of the preparation which has not had sufficient time to be decomposed in the stomach, passes on into the intestine where the conditions are also favorable to its complete decomposition on account of the acid reaction of its contents and the presence of the pancreatic juice.

2. Phenol and cresol, after being separated from the bismuth are absorbed completely by the intestine and eliminated with the urine in the form of sulfocarbolic or cresylic acid, or combined with glyco-uric acid; naphthol, on the other hand, is only partially eliminated with the urine, the remainder passing through the whole digestive canal and being excreted with the feces.

3. Bismuth is almost completely excreted with the feces (96.4 per cent.) as sulphide of bismuth, none of it being found in the urine. This is different in the dog, as the gastric juice of this animal contains much more hydrochloric acid than that of man. A small quantity of bismuth, therefore, is here transformed into the soluble chloride, reabsorbed and eliminated with the urine, while the greater part passes away with the feces in the form of sulphide as in man.

4. In spite of the toxic properties of the phenols, etc., none of the three preparations have had the least injurious effect, although they were administered for three weeks in daily doses of 5.0 gms. (75 grains) to man and of 10.0 gms. (150 grains) to dogs. This is probably due to the slow separation of the phenols, etc., from the bismuth.

PATERNAL TRANSMISSIBILITY OF TUBERCULOSIS.

DR. JOHN M. KEATING, in an excellent paper before the American Pediatric Society in May, 1893, on "Plausability of the direct transmission of tuberculosis to the fetus from either parent" concludes as follows:

1. Unrecognized genital tuberculosis in women without pulmonary disease is not uncommon.

2. A tuberculous mother can transmit the disease to her offspring in utero.

3. Tuberculosis is apparently at times confined to the generative organs of women, probably with greater frequency than we now recognize.

4. Bacilli or their spores can be conveyed by means of seminal secretion to women when no apparent tubercular lesion is present in the male generative organs.

5. Women may, and often do, escape tuberculosis when transmitted in this way, and even when evidence exists of tuberculosis of the male generative organs.

6. Is it not possible for the father to transmit his disease directly to the fetus, the mother not proving a fertile soil, and, if so, is it not possible for this inheritance to become latent in the child, only to manifest itself when accident or environment tends to bring it into activity? And can we not go still further and assert that the bacillus or its spores, inherited from either parent, may be carried into another generation and either become manifest in glandular affections, joint troubles or even finally in pulmonary disease?

Book Notes.

THE NEW PHARMACOPEIA.—A copy of the new pharmacopeia of the United States, (the seventh decennial revision,) has just been received. We note many desirable changes. It is so every time a decade rolls by. The new must ever take the place of the old. Humanity is never at a standstill. Men are born, live, and die; so must works of this kind. What was desirable ten years ago is less so now, and, when we note that ninety articles previously official have been dismissed from the pharmacopeia, it is as much in the line of advancement as to note that eighty-eight new ones have been added.

The new book contains 997 articles, and has made a revision admirable for its thoroughness, and conspicuous in its scholarship. The revisors have evidently been brought to a full understanding of the needs of the profession.

A new term, "Emulsium," has been introduced in place of the term "Mistura," where the latter had been applied to preparations which are properly emulsions.

The metric system of weights and measures has been used in place of the old grain, scruple, and drachm system, No equivalents being considered necessary. This is the right way to treat this matter, for as long as both systems are in force there is always to be expected more or less confusion. Do away with the most confusing method and let us have, from the start, the simpler decimal system.

The ninth annual volume of Transactions of the New York State Medical Association for 1892 has been received. It contains 834 pages. Besides the usual list of officers of the Association past and present, the papers read before the Association in New York city last November and a list of delegates and invited guests there are reports of the district branches, and a complete list of the fellows of the Association. The papers published in the volume present a vast amount of material for thought and consideration representing, as they do, patience and persevering work and study by the contributors. It is doubtful if a more valuable series of papers and discussions covering the field of general medicine and surgery can be found between the covers of one book.

About October 15th a Medical Directory of the State of Connecticut will be issued by the Danbury Medical Printing Co., of Danbury, Conn. It will contain a list of all the medical practitioners of the state, the various medical societies, all the dentists and dental societies, druggists and pharmaceutical societies, nurses and training schools for nurses, hospitals, etc. Price \$1, delivered free by post.

DR. FRANK E. WAXHAM, of Chicago, has been elected to the chair of Laryngology and Clinical Medicine in the Gross Medical College of Denver.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

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1725 ARCH STREET, Philadelphia, Pa.

SPEECH AFTER CLEFT PALATE OPERATIONS, OR WITH USE OF OBTURATORS.

A LETTER written by Dr. Garretson in response to the accompanying inquiry will have interest for medical readers at large.

DR. JAMES E. GARRETSON, 1537 Chestnut street, Philadelphia, Pa.

Dear Doctor:

Can you kindly aid me by informing me to whom I may best send patients who have been operated on for cleft palate for instruction in better articulation and pronunciation? There must be teachers or institutions which you can recommend. Unfortunately we have in our neighborhood no one who makes a specialty of this sort of instruction, and if you know of any such you will confer a great favor by giving me name and address. Thanking you in advance, I am,

Yours very truly,
R.

Dear Doctor:

I know of no school, or place for instruction, such as asked after in your letter. My own manner of dealing with these patients is to recommend, and insist on, the study and use of synonyms. Practice in this direction, if faithfully pursued, results in wonderful improvement. Let a book be bought and let the child be instructed as to a replacement of unpronounceable words by others of similar significance found fitted to its defect. Continuance of such study and practice enables a person, sooner or later, to talk about as well as do people in general.

Respectfully,
J. E. GARRETSON.

FURUNCULOSIS.

I COME to you for help in a case of skin disease. It is a child eight years old. The family history is uncertain. It has had the skin disease from its

birth, during the hot weather; in winter it disappears. The disease is confined to the head, face and neck mostly. The skin is somewhat inflamed and thickened, and studded with what would ordinarily be called boils; but they have no core. The apex of the pustule is not sharp, not much elevated, but according to appearance contains more pus than could be imagined. They get well quickly after being opened but continue to recur regardless of any treatment for such affections. This is not a very good description, but it gets at the substance of the case. Please give your opinion and treatment.

[This appears to be a case of furunculosis; these little boils sometimes occurring in crops for an indefinite period. The first indication is to get the digestive system in condition; then give arsenic sulphide gramme 0.001, before each meal, with tincture of iron in full doses. Locally wash the body with chlorinated soda solution, an ounce to the pint; put all clothes to soak in strong chloride of lime solution, and apply ointment of mercury biniodide, gr. x to benzoated lard, 3j to every congested spot, especially wherever a new boil appears. If the ointment irritates too much, make it weaker. Furunculosis is a germ disease, and the clothes, bed, house and vicinity should be put in good hygienic condition, or the disease will reappear.

—W. F. W.]

ETHYL BROMIDE.

I NOTICE in *Medical World* for July 1893, comments of the editor, mentioning your bringing into use, and being better pleased with bromide of ethyl than any other anesthetic. Please give me the manner in which the said drug is used; for instance in dilating the sphincter of the rectum, or the female urethra

A. J. BEARDSLEY, M. D.
Huntington, W. Va.

[The same precautions are observed as with ether or chloroform. One ounce of good ethyl is usually enough to provide, and of this I generally find the half is ample. I get the patient in position for the operation, and then give about a drachm of ethyl on a handkerchief, rarely employing a cone. Anesthesia comes on quickly, is complete, and lasts but a minute or two—long enough for the operation mentioned, that is done the moment the patient's uplifted arm is relaxed and falls. Ethyl is preferable in all ways for such operations.

While it is dangerous in cases of heart disease, such as render ether or chloroform unsafe, if compelled to anesthetize such a case I would unhesitatingly prefer the ethyl bromide.—W. F. W.]

A DEFUNCT SCHOOL.

CAN you inform me of the title of the Medical School for Women, that was sometimes called the Brown Street University, some fifteen or twenty years ago, with a Dr. Miller as founder?

[The Penn Medical University, Dr. E. D. Buckman, founder, and constituting in his own person the faculty. He thought he had a mission to unite all medical sects, but failed.]

THE FACULTY OF THE NEW TUFTS COLLEGE MEDICAL SCHOOL, BOSTON, MASS., ARE AS FOLLOWS.

Elmer H. Capen, D. D., President.

Albert Nott, M. D., Professor of Physiology and Hygiene; Dean.

Charles P. Thayer, M. D., Professor of General Descriptive and Surgical Anatomy; Secretary.

Henry W. Dudley, M. D., Professor Pathology.

William R. Chipman, A. B., M. D., Professor of Principles and Practice of Surgery and Operative Surgery.

Walter L. Hall, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine.

John W. Johnson, M. D., Professor of Obstetrics and Gynecology.

Frank G. Wheatley, M. D., Professor of Materia Medica and Therapeutics.

Arthur E. Austin, A. B., M. D., Professor of Medical Chemistry. Charles A. Pitkin, Ph. D., Professor of General Chemistry. John A. Tenney, M. D., Professor of Ophthalmology and Otology. Samuel G. Webber, M. D., Professor of Nervous Diseases. William F. Hutchinson, M. D., Professor of Electro-Therapeutics.

The lecturers are, Thomas M. Durrell, M. D., J. Cushing Gallison, M. D., Charles D. Knowlton, M. D., Fred. S. Raddin, A. B., M. D., William A. White, M. D., Richard A. Pierce, Edward E. Thorpe, M. D., and Charles L. Cutler, M. D.

OBITUARY.

Charles W. Parsons, M. D., Professor of Physiology in Brown University, died at Providence, R. I., Sept. 2nd. He was a member of the class of 1840 at Harvard University, and was seventy years of age.

The Medical Digest.

DESTRUCTION OF SURGICAL DRESSINGS BY BENZOATED PARAFFIN.

All surgical dressings should be destroyed immediately after their removal by the one and only purifier, the fire. In every room or ward for the treatment of surgical cases there ought to be a properly constructed furnace with a bright fire from coal or gas, into which the spoiled dressings can be cast and consumed, the products of the combustion being carried away by the chimney shaft. This is not always practical, and in summer-time it may be inconvenient. The difficulty of the fire in the ward or room can always be met, however, by a very simple plan. Into an ordinary glazed iron basin with a lid or cover pour a little common paraffin oil, and as the dressings are removed raise the lid and drop them in, so that they may be charged with the paraffin. Then place the basin containing the dressings in the fire-grate, open the lid of the basin, and setting fire to its contents, allow them to burn until they are all brought to a cinder.

To avoid the odor arising from the paraffin a little *benzoated chloroform* may be added to it. One ounce of chloroform charged to saturation with benzoic acid and added to a pint of the oil is a good mixture. A pleasant odor is diffused from the fluid itself, and unpleasantness is prevented from fumes arising during the final combustion.

In the post mortem room the mixture is equally useful for the destruction, by fire, of cotton, wool, tow, sponges, cloths, or other combustible things that may be required to be destroyed. Steel instruments dipped in the oil and then fired are easily and quickly purified before being restored to their case.

—*The Asclepiad.*

THE OPERATIVE TREATMENT OF PERITONEAL TUBERCULOSIS.

The value of operation in the treatment of peritoneal tuberculosis in children, has been much disputed and even yet is by no means generally allowed. The numerous cases benefited by laparo-

tomy have been challenged as to correctness of diagnosis and the indications which predict a favorable result not thoroughly understood. The report by Conitzer of seven cases operated upon for tuberculosis of the peritoneum throws some light upon the points in dispute.

The children varied from two and a quarter to nine years old. Four cases were of the exudative form in which there was a diffuse superficial inflammation of the peritoneum with numerous very small tubercles upon the parietal and visceral membrane and free serous fluid in the abdominal cavity. In all of these cases there was but slight disturbance of the general health. Some anorexia and heaviness and disinclination to move about were the chief symptoms. Some of the patients, too, had gray colored stools though not otherwise icteric.

The other three cases were of the dry adhesive form in which there was more general disturbance and often pain, and a considerable degree of matting together of the intestines and omentum.

The operation consisted only of an incision into the abdomen, and, after allowing the free fluid to escape, closing up of the wound. No washing or manipulation of the cavity was done in any case.

The four exudative cases all made a lasting recovery. In each, microscopic examination of the tissue showed characteristic tubercular structure, giant cells, and in two cases the presence of bacilli. The three other cases all showed caseous tubercular nodules with bacilli. One case recovered from the operation and after four and a half months was still relieved from much of the pain and discomfort though not at all well. The other two cases died with little or no relief.

After discussing these cases in detail he draws the following conclusions:

(1) Peritoneal tuberculosis is spontaneously curable: the dry form in very few, the exudative form in a very large number of cases.

(2) All forms may be cured or at least relieved by laparotomy, even when other treatment, including puncture, has failed.

(3) The results of the operation depend upon (a) the form of the disease, the best results being obtained in the

cases of effusion, (b) the duration of the illness, (c) eventual complications.

(4) The operation is contraindicated in advanced cases or those with marked tuberculosis of other organs,

(5) No explanation can be given of the reason or manner of the curative effect.—*Boston Med. and Surg. Journal.*

CHEAP TOOTH BRUSHES DANGEROUS

An operation for appendicitis upon a patient living in this State revealed the fact that the disorder was due to the presence of tooth brush bristles. "Cheap tooth brushes," remarked the Albany surgeon who had charge of the case, "are responsible for many obscure throat, stomach, and intestinal ailments. The bristles are only glued on, and come off by the half dozen when wet and brought in contact with the teeth."

This is a good argument to use at the counter in discouraging the sale of the cheap and, as the above item shows, dangerous tooth brushes with which the fancy goods trade is flooded. It were better for the user to pay fifteen or twenty cents more for a brush well made than to risk the dangers attending the use of the cheaper makeshift.

—*American Druggist.*

INOCULATION OF MEASLES.

Dr. Hugh Thompson, of Glasgow, describes nine cases in which he had inoculated children with fresh serum taken from blisters on patients suffering from measles. He believes that four were rendered immune, that in two the experiment failed. At the point of insertion of the serum slight measly-looking patches appeared in from one to two days and lasted for two or three days, accompanied with slight catarrhal symptoms. The serum is taken from small blisters, no larger than a measly patch, and used immediately and inserted by superficial scarifications—*Medical Age.*

A CASE of poisoning by Balsam of Peru is reported by Dr. Lohaus. The subject was a nursing infant, and was poisoned by the balsam used by the mother for sore nipples.

CANNABIS INDICA.

Extract of cannabis indica is one of those drugs which always possess a great fascination for the incipient experimental pharmacologist (very frequently a medical student); and yet there is perhaps even less to be said as to its mode of action than of its immensely more powerful congener, opium.

It is strange that with such strongly marked and highly characteristic subjective symptoms, recognized by every one who has experimented upon himself with it, that is, the immense apparent prolongation of space and time; and the double consciousness, so interesting in its possible relations to hypnotism, that this drug has awakened so little attention on the part of the modern school of experimental psychology.

It has, however, notwithstanding the interest attaching to it, never attained an important position as a hypnotic; probably for two reasons, the first and most important being that it is far from being trustworthy in this direction, and, secondly, that the notorious uncertainty of its preparations has thrown difficulties in the way of exact experiments or the comparison of results. It has, however, occasionally been found useful, especially if given with a corrigent like bromide to counteract its exciting effects.

An observation made by accident led me to inquire whether it could not be profitably employed for a purpose for which the physician is not often asked to prescribe, and for which, so far as I know few if any drugs have been recommended.

It was found that a patient for whom this drug had been ordered for the relief of long-continued headache (which, by the way, it failed to accomplish) had ceased to suffer, after this prescription was made, from the bad dreams that had previously annoyed her. Acting upon this hint, it was given to one or two others who had made similar complaints, with similar results, that is, the character of the dreams changed and became agreeable¹.

The idea which first comes into the physician's mind when he hears this complaint is likely to be that of the traditional mince-pie, or, in other words, he is very apt to attribute all bad dreams,

as undoubtedly many of them ought to be, to a more or less serious indigestion or an uneasy conscience. But as it is not probable that all cases have so simple an explanation, and may not yield, any more than the insomnia which they accompany or replace, either to diet, laxatives, tonics or sincere repentance, the possibility of dealing effectually with the symptom may occasionally be welcome.

This may be a small matter; but when good restful sleep is likely to be an important or even the essential part of the cure, it is not entirely to be neglected. How often does it happen that when the patient is questioned whether he slept well, the answer comes, "Oh, I slept! but it didn't do me any good. I worked harder in my sleep than I do when I am awake."

I write this in the hope that others, as opportunity offers, may try whether this effect is a real and tolerably constant one, or whether my experience was one of coincidences only.

I may recall here the remark of Fitzhugh Ludlow, speaking, however, of much larger doses than are to be employed for this purpose, to the effect that when a second dose is taken before the effects of the first have passed off, the visions are invariably terrible.

The drug should not be given in so-called "full doses," that is, not sufficiently large to produce effects obvious to any one but the patient, and hardly even that, but just short of it. For example, if experiments have shown that ten drops of the preparation to be used gives rise, in the average person, to some excitement, rapid talking, laughter, double consciousness, etc., let the dose for the purpose we are considering be, say, six or seven. I have found that a very convenient plan of administration, admitting of varying the dosage much more easily than by the preparation of pills, which are exceedingly difficult to divide and to make up, is to prepare an alcoholic solution of the extract, which may then be dropped in the desired quantity upon a spoonful of granulated sugar. The dose is to be determined afresh for each fresh parcel of the drug used.

¹It has acted in a similar way in one or two cases which occurred after the above was written.

—R. T. Edes, *Boston M. and S. Jour.*

CAN LIVING CHOLERA BACILLI BE
BROUGHT INTO THE AIR BY
DUST OR GARBAGE.

It is generally accepted that cholera bacilli cannot be transferred by air. This statement is based on the belief that the vitality of cholera bacilli is soon destroyed by dryness and as it is well known that bacteria can only be brought into the air when in dry condition.

The latest experiments have shown that the vitality of the bacilli is not so readily destroyed by dryness as it is generally thought. If this is the case, the important question comes up: whether the air cannot be infected with living cholera bacilli by dust charged with them. To come as near as possible to the truth, Uffelman has carefully conducted some experiments to ascertain how long cholera bacilli retain their vitality in dried ground or dust, and whether they are brought into contact with air while living.

Neisser has made some experiments before in regard to this point. He saturated a piece of linen with cholera bacilli, and after it dried he passed a current of air over it, and brought it into contact with a nourishing medium. He failed to find any bacteria. Had he, however, reduced the linen to powder, his experiments would have shown different results.

Uffelman's experiments with garden ground-dust and garbage were conducted in the following manner: After previous sterilization he took a small portion of the dried substance, and saturated it with water charged with cholera bacilli, under exclusion of sunlight and at a proper temperature (15 degrees C). He kept it until perfectly dry again. It took about 16-20 hours to dry. Then he took a small portion of the dried substances reduced them to a powder again, and made some cultures on a gelatine medium. Numerous experiments showed the following results:

At 16½ hours, or just after complete dryness, 30-40 cholera colonies were found; after 24 hours, three cholera colonies; after 48 hours, one cholera colony; after 72 hours, no cholera colonies; after 96 hours, no cholera colonies were found.

In another experiment, Uffelman blew

a small portion of the infected material, eight hours after it was dried, on a gelatine plate. He found six cholera bacilli colonies; after 48 hours no cholera bacilli were developed.

From these experiments, Uffelman comes to this conclusion: that most of the cholera bacilli lose their vitality in dried ground-dust or garbage within 24 hours, but in some cases they retain their vital activity for a much longer time, and in exceptional cases, for three days. These experiments prove that these substances can become intermingled with the air before all the bacteria have lost their vitality.

—*Am. Medico-Surgical Bulletin.*

ICE IN PHLEGMASIA ALBA DOLENS.

Dr. John A. Miller (*Pacific Med. Jour.*), in treating on the subject of "milk leg," speaks highly of the efficacy of the cold treatment of the disease. He first used it in 1886, and since then has used it in six cases with uniform and decided success. The procedure was in the following manner. An ordinary large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, were laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage. The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort.

IN MORPHINE POISONING, tincture of capsicum, in ounce doses, has been used with success. It is used undiluted in enemata and repeated as often as necessary. Stretching of the sphincter ani by means of the bivalve speculum as often as respiration flags, has also been practiced.—*North Carolina Med. Journal.*

BROMOFORM, in 1 minim doses, three or four times daily, is now recommended as the best remedy in Pertussis.

—*North Carolina Med. Jour.*

TREPHERING FOR BASAL HEMORRHAGE.

In a paper published in the first number of the *Edinburgh Hospital Reports* Dr. Andrew Smart records a case of no little interest and of considerable practical importance. The patient was a woman aged forty-six; she was conscious at the time of admission and was able to answer questions fairly well. There was a bruise on the right side of the head near the parietal eminence, where she had received a blow; the face was drawn to the right; the pupils were medium in size, nearly equal and reacted normally to light; and there were left homonymous hemianopsia and weakness of the left arm and leg. Coma supervened a few hours after admission. A basal lesion on the right side was diagnosed. Professor Chiene trephined at first over the site of the bruise and then a little in front. The dura mater was incised and considerable bulging of the brain followed. The patient regained consciousness a few hours after the operation, the breathing meantime having become almost natural, whilst before the operation it had been characterised by long intermissions. The improvement continued until she left the hospital, about two months after admission, but the hemiplegic weakness still persisted. This was present a year later and the hemianopsia also remained. The case is interesting as illustrating the relief afforded by an opening in the skull when there is a condition of intracranial pressure present.

—*The London Lancet*, Sept. 9.

ARSENIC IN EPITHELIOMA.

Lassar (Reprint from *Berl. klin. Woch.*, 1893) reports his success with arsenic administered internally in four cases of epithelioma affecting various parts of the face. Case 1 was a man, aged fifty, with three large swellings occupying one orbit, the nose and the chin respectively. Microscopic evidence showed epithelial cells, spindle cells, and alveolar structure. Immediately after the administration of arsenic, the three growths gradually diminished by drying up, involution, and cicatrization, until the youngest growth had disappeared, and the second one cicatrised. The largest and oldest growth occupying nearly the whole of the orbit,

showed little change, and owing to the suggested excision of the eyeball, the patient withdrew from treatment, and is believed to have died subsequently. In a second case, that of a woman of advanced age with a smaller growth on the nose, a great reduction in size took place, and the patient, being satisfied, also ceased to attend.

The author now resolved to adopt the same measure with recent growths instead of at once resorting to the knife. The first patient had on one cheek a growth equal to half a walnut, which had taken six or eight months in developing. Only a slight erosion of the surface was present. The diagnosis was confirmed microscopically, and arseniate of potash was administered three times daily for two months, when the growth had shrunk and cicatrised. The next patient was a man with a similar growth of three months' standing on the left ala nasi, the condition and proofs being the same. Fowler's solution was given internally, accompanied at first by subcutaneous injections. These being painful were discontinued, and in two months complete disappearance with cicatrization followed. The author admits the small number of cases experimented on, but lays stress on the striking and indisputable results. Illustrations of the patients at various times and of the microscopic sections are given.—*British Med. Journal*.

BORIC ACID.

There seems to be a tendency to use borax more and more internally. In all bladder troubles ten grains of the powder is given several times a day. In cystitis it certainly produces good results. Torchinsky has tried it in 240 cases of typhoid fever during an epidemic, and reports 231 cases of success; 10 to 15 grains were given, and in the first three to five days the fever and diarrhea diminished, tympanitis almost disappeared, and the stools became normal in character. As soon as this effect was produced the boric acid was discontinued and tonics given. In the later stages of the disease quinine was added to the boric acid, when there were any cerebral symptoms.

—*The Southern Clinic*.

BROWN-SEQUARD'S ELIXIR.

As this eminent physiologist is re-asserting with great confidence the therapeutical efficacy of testicular and other glandular preparations, it may be interesting to cite negative evidence on the subject. *Lo Sperimentale* (of Florence) quotes from the *Riforma Medica* the results of a long series of experiments with the "liquido testicolare di Brown-Séquard," undertaken by S. Massalongo. He concludes that the testicular liquid of young and healthy mammals, injected hypodermically, has not the slightest effect upon the human organism; that the trifling and transitory modifications of circulation, respiration, temperature, and muscular power are explicable by the excitement and tension of the subject's mind, that any rare and transient improvement observed in the treatment of various organic diseases by this method was due to suggestion and the influence of imagination, to which causes alone is to be attributed the cure of some cases of hysteria and neurasthenia.

—*Dublin Journal of Med. Science.*

DIPHTHERIAL HEMIPLEGIA.

Donath (*Neurol. Centralbl.*, July 15th, 1893) reports this case. On the third day of convalescence from pharyngeal diphtheria, the patient, a boy aged eight years, was seized during sleep with right hemiplegia. The face was implicated, and for several days there was complete motor aphasia. The speech faculty underwent considerable improvement, though at the end of five months signs of typical hemiplegia, with contracture, persisted; the right eye showed hypermetropia 7 D, with internal strabismus; the left eye, slight myopia.—*British Med. Journal.*

LIQUOR FERRI CHLORIDI IN DIPHTHERIA.

Hübner and Rosenthal (*Therap. Monatsschfte*, December, 1892) speak highly of the value of the chloride of iron in diphtheria, as recommended by Rehn. Hübner treated fifty-two cases, losing only two, although in six of those who recovered the disease was so severe that he could not have hoped to save them with any of the remedies formerly used. The throat was painted twice daily, and in bad

cases three times, with a solution of equal parts to one part in five. The throat was also frequently sprayed with diluted lime water, and ice pellets and an ice bandage about the throat were also employed. Rosenthal reports seventy-nine cases treated in this way. The patients came early and remained until the disease was over. Only seven, or less than nine per cent., died, and the good results are attributed to the iron.

ANTIPYRINE AS A LOCAL ANESTHETIC.

Dr. Neumann recommends antipyrine as a local anesthetic in pharyngeal and laryngeal affections. On painting the mucous membranes of the throat of a dog with a 30-50 per cent. antipyrine solution, a moderate congestion appears, which soon is followed by ischemia; the reflexes are considerably diminished in consequence of the paralysis of the sensitive nerve ends. On insufflating a mixture of equal parts of antipyrine and powdered starch, a burning sensation occurs; which is evidently due to rapid abstraction of water.

The author has employed antipyrine-starch-powder with excellent results in 10 cases of painful laryngeal tuberculosis of the ulcerating and perichondritic forms, it is reported that analgesis usually lasted for several hours.

The advantages claimed for antipyrine as contrasted with cocaine (the anesthesia of which, it is true, is more intense) consist in the long duration of the analgesia, and in the fact that the patients do not acquire a *habit* for the remedy. It is, besides, harmless; and, in doses up to about a gramme (15 gr.), acts favorably as an antipyretic in the fever of tuberculosis.

—*American Medico-Surg. Bulletin.*

DANGER OF APPLYING COCAINE TO NURSES' BREASTS.

Cocaine, applied as ointment or as solution—even only 2 per cent.—to the nipples during lactation, causes their erection, and, what is far more serious, a drying-up of the milk.

The suppression of the latter is only temporary, and ceases on discontinuing the application of the cocaine; but it is

well to warn physicians against prescribing such ointments or solutions with the view of assuaging the severe pain generally produced by fissures of the breast.

—*American Medico-Surg. Bulletin.*

FRECKLES.

Freckles can be removed, according to Hager, by the application every other day, of an ointment composed of white presipitate and sub-nitrate of bismuth, each 1 dr.; glycerine ointment half an ounce.—*Popular Med. Monthly.*

TRIBROMPHENOL BISMUTH has been recommended by Dr. Ferdinand Heuppe, Professor of Hygiene at the German University of Prague, in a paper, published in the *Berliner klinische Wochenschrift*, 1893, No. 7, as a specific against cholera asiatica. It is described as a yellow, neutral, insoluble powder, destitute of odor and taste, nearly non-poisonous, indifferent to mucous membranes and the organs of digestion. It contains 49.5 per cent. of bismuth oxide besides 50 per cent. of tribromphenol.

Prof. Hueppe contends that with this treatment the diarrhea gets better by the removal of its cause, *i. e.*: The toxic products of the comma-bacillus are in some way taken up or neutralized by the new drug. It will be seen that, if we accept this eminent physician's statements, Tribromphenol Bismuth is the ideal antiseptic and disinfectant in Cholera.

THE CURE OF VARICOSE ULCERS.

Dr. Reboul (*Semaine Medicale*), recommends the following treatment: The wound is first cleansed by a dressing of sterilised gauze or of gauze saturated with Van Swieten's solution (hydrarg. bichlor., ammon. chlorid. aa gr. x, distilled water one pint). In other cases compresses moistened with biniodide or cyanide of mercury are applied and held in position by a bandage. After four to five days' treatment in this manner, when the ulcer has become covered with granulations, dry antiseptic dressings are resumed. The cavity of the ulcer is filled with iodoform powder and iodoform or saloe gauze, the limb is then enveloped with a thick

layer of cotton, over which a layer of oiled silk or guttapercha fabric is applied. The dressing is not changed until the lapse of fifteen or twenty days, when frequently the entire ulcer is found to have healed. If cicatrization is not complete at the first change of dressings the procedure is repeated, and healing then usually ensues. In two cases in which the ulcer was so chronic and deep that it could not be thoroughly disinfected with the bichloride solution, the cavity was covered with gauze saturated with naphthol camphor, over which a dressing similar to the above was applied. The result was excellent, healing taking place under one dressing.—*International Journal of Surgery*, September, 1893.

COCAINE IN THE APPLICATION OF ELECTRICITY.

Dr. O. B. Will says, wrap a copper ball electrode with absorbent cotton, soaked in a ten per cent. solution of cocaine. The cocaine serves to relieve irritability of the mucous membrane so often present, and even penetrates to some extent into the sub-adjacent tissues, exerting a calming effect upon their nerve tendrils. Fifteen to twenty, and sometimes less, milliamperes of galvanism will serve to further destroy the hypersensitive condition of the uterus and its adnexa.—*The Southern Clinic.*

TRIONAL.

Koppers (*Intern. klin. Rund.*, 29, 30, 1893) observed the action of trional in twelve patients, and arrived at the following conclusions: In most cases of simple insomnia, 15 grains sufficed to induce sleep within half an hour; 20 or 30 grains may be given if necessary, but with still larger doses the effects do not seem to increase proportionately. Where pain is present, some, though not much, sleep results. Owing to the rapidity of its action, trional is best taken at bedtime in some warm vehicle, such as milk or tea. The after-effects consisted only in slight heaviness in the morning, owing, apparently, to the direct action of the drug on the cortex of the brain, and some slowing of the heart's action. If necessary, it also can be administered *per rectum*, the action thereby not being lessened.—*British Med. Journal.*

HYDROCELE IN THE FEMALE.

Lammert (*Centralbl. f. Gynak.*, No. 30, 1893) gives some valuable information on this interesting question: The term correctly signifies a collection of fluid in an imperfectly obliterated canal of Nuck. This form of hydrocele is usually detected in pregnancy and childbed. According to Wechselmann, it has been found twenty-two times on the right side, seventeen on the left and in two cases on both sides. Lammert has observed this condition in a nullipara, aged 39. It formed an enormous swelling, as big as a man's fist, in the left groin, pyriform, elastic, transparent, and fluctuating. It was irreducible, and there was no impulse on conghing: it reached as far as the labium. On incision a pint of serum escaped: the parts were explored, and the hydrocele was found ending as a blind pouch at the internal abdominal ring.

INDIGO is said to be an effectual remedy for bee-stings; applied locally.

NAIL-BITING AMONG CHILDREN.

Dr. Berillon finds that the habit of nail-biting among children is extremely common. In a public school in Paris out of 265 pupils examined during the month of April last, 63—that is to say, nearly one-fourth—were addicted to the practice. Curiously enough, results vary greatly in different districts and in different schools in the same district. It seems that girls are more given to the habit than boys. In one girls' school in the Department of Yonne, 11 out of 21 were confirmed nail-biters. In another girls' school the proportion was 61 out of 207 pupils, and, of those 61, 15 were found to be in the habit of biting the nails of both hands, and the others of biting only those of one hand. Mr. Berillon recognizes that nervousness has much to do with the habit.

—*N. Y. Medical Record.*

A NEW METHOD OF POLITZERISING.

Everyone who has tried it knows how difficult it is to get the patient, whom it is intended to "Politzerise," to swallow

at the proper moment. Under these circumstances, and as this plan of clearing the Eustachian tube is just now very much in vogue, our readers may be glad to know of a novel and vastly more simple way of attaining the object in view. In Politzer's method, as is well known, in order to prevent the air insufflated into the nose from escaping through the pharynx instead of passing into the tympanic cavity, the patient is asked to sound certain vowels or to swallow a mouthful of water, because in uttering certain vowel sounds, and during the act of deglutition, the soft palate is applied to the posterior wall of the pharynx. The naso-pharyngeal cavity, however, is only partially excluded by these means, and that for a very short time. Dr. Boydan therefore suggests that the patient be directed to take a deep inspiration and then to blow out the air through a small aperture between his closed lips. So long as the patient blows the velum palati remains in contact with the posterior wall of the pharynx, and Politzerisation can be performed without the slightest difficulty.

—*Medical Times and Hosp. Gazette.*

THE SIGNIFICANCE OF PHAGOCYTOSIS.

In an article in the *Medical Record* by J. C. Hemmeter M. D., Ph. D. of Baltimore, the author has attempted to show the following conclusions combatting Metschinkoff's theory of phagocytosis as an agent to render the system proof against disease:

1. In Hess's experiments, on injection of anthrax bacilli in the lymph sac of the frog, a large quantity of bacilli and spores must necessarily be carried directly into the blood streams, and could not possibly be taken up by leucocytes, which are shown not to be present in sufficient numbers to destroy the bacilli and spores.

2. Sanarelli has proven a germicidal action on anthrax bacilli and spores to belong to the cell free lymph of the dorsal lymph sac inside and outside the sac.

3. Leucocytes do not accumulate or migrate to inflamed areas because they are attracted by bacteria, since sterile inflammations and inflammations produced

aseptically by substances having a negative chemotaxis abound in leucocytes.

4. Certain bacteria even exert a negative chemotaxis, *i. e.*, repelling leucocytes.

5. Mitigated cultures produce a greater immigration of leucocytes than do virulent cultures.

6. Leucocytes seem to migrate to and accumulate in areas of inflammation for three main reasons :

a. A physical reason, as pointed out by Weigert, Schlarewsky, and Cohnheim, which is to this effect—the rate of the circulation being much slowed, and arterial pressure raised, the leucocytes, by their physical properties, stick to the sides of the vessel, the walls of which, being pathologically altered, they gain exit by their own ameboid movements, or according to Cohnheim, by a physical process of filtration.

b. The second reason, a chemo-pathological one, is derived from the experiments of Buchner, showing that necrobiosis always attracts leucocytes; the products of tissue necrosis, whether bacteriological or not, attract them. Buchner has isolated from the bacteria and from the necrotic tissues chemical products that exert powerful positive chemotaxis.

c. The third reason, a morphological and embryological one, is founded on the histogenetic relations of the leucocytes to the undifferentiated cells of the mesoblast, which alone have made up the entire embryo. The leucocytes are floating embryonic cells with a latent capacity for further development; the positive chemotaxis that destroyed tissue has for them may be partly explained by their function to aid in tissue reconstruction.

7. In the light of recent observations it is correct to assume that just as certain chemical substances in the bacteria attract or repel leucocytes, so also certain chemical substances present in the cells attract and repel bacteria. This view is supported by many examples of certain cells and tissues being loaded with the specific bacteria, in various diseases.

8. This being the case, it is justifiable to assume that the tissue fluids, being inimical to the existence of bacteria, find in the cells some attraction, some chemi-

cal substance which suits them, hence the cells are not the enemies of the bacteria but their places of refuge. In many infectious diseases it has been shown that leucocytes and similar cells are the places where the bacteria grow, and that these cells are ultimately destroyed by them. The cells succumb to the bacteria, not the bacteria to the cells.

9. The explanation of immunity is to be sought in properties of the cell-free blood-plasma. The blood-plasma of animals immune against a certain disease, injected into a non-immune animal suffering from the same disease, arrests the progress of this disease. The blood of dogs made immune against tetanus possesses a powerful antitoxic action against tetanus. Tetanus in human beings has been cured by injections of tetanus antitoxin.

10. Buchner holds that the first and decisive inimical influence on the infective microbes in a refractory animal and in living tissues is due to the chemical action of the tissue juices; this precedes the taking up of microbes by the leucocytes; this latter phenomenon is dependent on the former, and without the former primary process phagocytosis is impossible.

DIPHTHERIA.

It is now acknowledged that we have a real and pseudo-diphtheritic affection, but the diagnosis or differentiation at an early period is not so easily recognized as to justify the extreme measures of isolation that is necessary to be carried out in the malignant form where the mortality is high. To the medical officer of health this is frequently a perplexing difficulty, and Dr. Schrenk, of the Sanitary Department, proposes that certain chemists be authorised or licensed to have always in readiness a sterilized media on which the growth on the throat may be tested, and a decisive diagnosis arrived at within twelve or twenty-four hours after the onset of the disease. This method, he assures the Department, is already carried out in New York with successful results. The medical officer, when in doubt, calls at the apothecary's and obtains two *eprouvettes*, one containing the media, the other the instru-

ments sterilised for operation. Thus equipped, the medical officer is in a position to verify or otherwise the suspicious diagnosis on the following day, and by the use of the telephone the patient is removed and the house disinfected before any serious infection can be transmitted.—*Med. Press and Circular.*

SOCIETY NEWS.

The Berks County Medical society met Sept. 12, with these members present: Dr. W. Murray Weidman, president; Dr. J. W. Keiser, acting secretary, and Drs. Frankhauser, Wenger, Loose, Drawbaugh, Feick and Plank. The subjects discussed were vaccination and small-pox. Dr. Weidman exhibited a section of water pipe which was plugged with a dead catfish. The pipe was taken from Hendel's hat factory on South Fifth street.

THE DOCTOR'S REWARD.

The Doctor sat in his room one night,
Dejected, worn, and sad;
His rounds had not been overbright,
And business had been bad.
Some puzzling cases taxed his brain,
His wits were sorely tried;
He managed just his bread to gain,
But little else beside.

His practice barely kept his home,
His troubles broke his rest,
Dread poverty seemed all his doom,
Altho' he strove his best.
He ne'er refused t'attend a call,
Regardless of his due;—
—“Pli do my best, and that is all
The best of all can do.”

The night bell rang, he quickly ran,
A boy stood there, aghast,—
“Some ruffian had just stabbed a man,
And he was dying fast;
The bleeding soon must lay him low
There was no time to spare;”
The Doctor deftly stayed the flow,
And tied the artery there.

So the man was saved, thro' the Doctor's skill
As happens every day,
So, when he claimed his modest bill,
Cold thanks were all his pay.
And the Doctor started home once more,
With a face more brave and bright;—
“I came out poor, and I go home poor,”
But I've saved a life to night.

FOR SALE.—A good practice in West Chester, Pa. Address TIMES AND REGISTER, 1725 Arch street, Philadelphia, Pa.

News.

THE YELLOW FEVER.

The yellow fever situation in Brunswick, Ga. is becoming alarming. Eleven new cases appeared on Sunday, the 16th, and the local board of Health have declared the disease “epidemic”. Nearly every year from some portion of the South there are reports of this character. Fortunately as a rule the disease does not break out until the season has advanced within a comparatively short time for frost, still there is time enough for an epidemic of the nature of yellow fever to depopulate an extensive area unless efficiently checked by energetic quarantine and disinfection. A yellow fever camp has been established in Brunswick, and Surgeon General Wyman is doing all in his power to prevent a serious epidemic.

THE CHOLERA.

There is probably no longer any danger that the cholera will gain further foothold this season in this country. The cases recently reported from Jersey City have run their course and no new developments of the disease have been announced. In England cholera continues in the Hull and Grimsby districts but both places are said to be under strict quarantine regulations. In Hungary the cholera is spreading widely whilst it is decreasing at the Danube ports in Roumania.

No spread of cholera has apparently occurred in Berlin during the past week.

In Hamburg ten new cases and two deaths were reported on Wednesday.

In Bilboa during the past two weeks there has been over 163 new cases and forty-one deaths.

SWALLOWED COMMA BACILLI.

In the Institute of Experimental Pathology in Vienna, Professors Hasterlik and Stockmayer, four students and others swallowed a quantity of comma bacilli. They suffered no bad effects beyond headache and nausea. Professor Stricker therefore draws the conclusion that the comma bacilli will not cause cholera in the case of strong, healthy subjects.

A MEDICO-LEGAL INSTITUTE.

It is proposed to establish a medico-legal institute in Paris. The building will be in immediate communication with the morgue by means of an underground passage (said to be a transformed sewer; but that is a detail), in which there is a tramway for the transport of bodies. The institute will comprise a toxicological laboratory, a work room, a lecture-room, a library, a museum, a post-mortem room with a small waiting room for relatives, and a room in which suspected persons can be confronted with their supposed victims.—*N. Y. Med. Record.*

CONTAGION FROM KISSING.

A telegram from Jamestown, N. Y., says that at a wedding in a village near that place a number of friends kissed the bride, who was suffering from slight sore throat at the time. Since the wedding the case has been found to be one of diphtheria, and a large number of those who embraced the bride when offering their congratulations have been attacked by the disease. No deaths have yet occurred, but many of the cases are said to be very serious.—*N. Y. Med. Record.*

THE AGE OF MATURITY.

Statistics are said to show that young men do not, on the average, attain full physical maturity until they arrive at the age of twenty-eight years. Professor Scheiller, of Harvard, asserts, as the result of his observations, that young men do not attain to the full measure of their mental faculties before twenty-five years of age. A shrewd observer has said that "most men are boys until they are thirty, and little boys until they are twenty-five;" and this accords with the standard of manhood which was fixed at thirty among the ancient Hebrews and other races.—*N. Y. Medical Record.*

AN IMPARTIAL JUDGMENT OF
HOMEOPATHY.

The following quotation from the *Wiener medicinische Presse*, 1893, No. 30 p. 1202, must certainly be admitted as a dispassionate and judicial statement of the position of homeopathy, written without

heat or partisanship, but in a spirit of actual fairness and honesty :

"The 2d of July marked the fiftieth anniversary of the death of Samuel Hahnemann, the founder of the 'homeopathic method of treatment.' In an article dedicated to the memory of Hahnemann, by L. Buechner, the distinguished author of *Force and Matter*, after an acknowledgment of Hahnemann's intellectual ability, it is stated that homeopathy is a suitable method of treatment for rich, indolent, nervous, egotistic patients, or such as have a dread of medicines, whose ills, great or small, disappear spontaneously, without medical treatment or with any form of treatment, and with whom the imagination acts as an important adjunct to the processes of nature. Homeopathy will therefore probably never entirely disappear, and is not to be denied a certain amount of credit, partly positive, partly negative. The patient believes that he will be helped by homeopathic remedies, and is really helped—partly in consequence of belief and partly by awaiting the natural outcome of his ailment during the continuance of the homeopathic treatment.

"In the hands of unprofessional persons prescribing their own homeopathic remedies, or in the hands of uneducated quacks, the method is capable of much harm, which it has doubtlessly accomplished in innumerable instances."

This judgment may not apply to the self-styled homeopathist who finds in sectarianism only a means to selfish ends. For him more drastic measures may be necessary; but if there be reputable men among so-called homeopathists, it is time for them to throw off their masks and repudiate a designation that among the discriminating has become a synonym for duplicity and false pretence.

—*Med. News.*

THE "BREAKING-IN" OF INFANTS.

It is a moot question at what age school education should begin. Among the well-to-do the tendency certainly is to let the earlier years of life be free from study, to let the child observe, but not to teach him or put him in a class. The experience of elementary schools, however, points out certain advantages

in early training. It is often said that the boy is the father of the man; perhaps now we shall have to admit that the infant is the father of the boy. Mr. Diggle, Chairman of the London School Board, states that it is gradually becoming easier to maintain discipline among the children, and this improvement he attributes to the fact that the proportion of those who have not passed through the infants' department is getting less and less. There are now only a few waifs and strays among the boys and girls who have not been already broken-in in the infants' school. Whether this "breaking-in" of infants by immature pupil teachers is an altogether satisfactory substitute for a mother's training, and whether the boy so readily amenable to discipline will make so good a fight in life as the wild "shaver" of former times are questions which the future must decide.—*Brit. Med. Jour.*

THE CURE OF HAY FEVER.

The treatment of hay fever is subject to criticism such as comes to no other disease, namely, from societies of the sufferers themselves. It is interesting to note that the patients are not as enthusiastic over, and do not report such good results as a society of their medical advisers would be likely to do. The United States Hay Fever Association have recently held their annual meeting in Bethlehem, N. H., and listened to papers largely on the disease from the patients' point of view. It appears to be the general opinion that the only certain relief is to be found in the White Mountains, and that most therapeutic measures are of little or no use, and some of them harmful. The treatment by local cauterization in the nose is often of benefit, but the benefit is generally only partial and temporary.

—*Boston Med. & Surg. Journal.*

Prescriptions.

UTERINE CANCER.

R Phenol 245 parts
Alcohol " "
Essence of thym 10 "

M. S.—A spoonful poured in a litre of hot water for an injection.

—*L' Union Medicale, du Canada.*

FOR CRAMPS IN THE LEGS OF PREGNANT WOMEN.

Administer five milligrams of Sulfate of Copper every night.

—*L' Gazette Medicale.*

AMENORRHEA.

R Tinct. Ferri muriat 3 iii
" Cantharidis 3 i
" Guaiaci ammon. 3 iss
" Aloes 3 ss
Lymphi q. s. ad 3 vi
M. S.—A tablespoonful thrice daily.

Dewees.

AMENORRHEA FROM COLD.

R Tinct. Aconiti Radicis 3 ss
Sig.—One drop every hour.

Ringer.

TREATMENT OF CYSTITIS.

Lannelongue recommends in acute and chronic cystitis daily irrigation of the bladder with boric acid solution, followed by immediate injection of ten grms. of a two per cent. solution of iodoform in liquid paraffin; or after the washing out with the boric solution, profuse irrigation of the bladder with the following mixture:

R Iodoform 50.0
Glycerine 40.0
Gum tragacanth. 0.50
Distilled water. 10.0

Sig.—One teaspoonful to one litre of boiled tepid water.

To be shaken well before injection.

—*International Journal of Surgery.*

TREATMENT OF INFANTILE CONVULSIONS.

M. Jules Simon in *La Revue Medicale* counsels the following practice in infantile convulsions.

1. Free the digestive tract by a laxative first, then by titillations of the fauces to provoke vomiting.

2. If the attack continues, give inhalations of ether or chloroform on a handkerchief.

3. Administer in the twenty-four hours the following anti-spasmodic:

R Chloral hydrate
Bromid. potass. aa 1 gram
Syrup codeine gtt x
Tinct. musk
Tinct. aconite rad. aa. gtt x
Aque orange flower . . . 100 grams

4. In cases of prolonged gravity, place a small blister over the epigastrium for three hours.

ANTISEPTIC CATHARTIC.

Eichler employs the following prescription as a cathartic and internal antiseptic:

R Salol, ʒij
Castor oil, ʒvj.
Syrup of rhubarb, ʒiss.
Cinnamon water, ʒv.
Powdered gum arabic, q.s.

Make into an emulsion, and administer one tablespoonful every hour until a purgative effect is obtained, in cases of chronic diarrhea, or else one full dose may be employed, using at the same time a disinfectant rectal injection, containing 15 grains of salicylic acid to a pint of water. The diet should be composed principally of milk and beef tea.

—*Charlotte Med. Journal.*

OTALGIA.

The formula given below has been found useful:

R Menthol, } aa gr. xx.
Camphoræ, }
Liq. albolene, ʒi.
Drop in ear p. r. n.

—*Medical Era.*

TREATMENT OF HEMORRHOIDS.

Hot sitz baths daily, and application on pledgets of cotton, every three or four hours of the following:

R Potass. iodidi, 3—7.5 grams
Iodi puri, 0.50 "
Glycerine, 60.0 "

International Journal of Surgery.

DURETIC WINE

For oedema, general anasarca and dropsy in cardiac add renal diseases:

R Fluid ext. jalap, ʒij.
Fluid ext. squills, ʒij.
Fluid ext. jaborandi, ʒi.
Fluid ext. digitalis, M xxx.
Nitrate of potash, ʒiv.
Angelica wine, O ij.

M. Sig.—One tablespoonful in water every four hours.

R. I. Med. Science Monthly.

TO GO OR NOT TO GO.

When the poor victim of tuberculosis and cardiac irregularity is watching day by day the irresistible progress of the demon who holds him in his sway, when hope is alternated with despair; when one friend advises this place, and another that; when one paints in glowing, hopeful language the benefits to be derived from a visit to the mountain resorts; while another warns him that as sure as he seeks a higher altitude, he will die of "heart failure"—he is torn between two opinions, and his constant thought is:

To go—or not to go? That is the question;

Whether it is better to remain and suffer

The pains and aching of outraged nature,

Or to take the train some fine and balmy morning,

And by emigrating, end them,—to die? Oh no,—to sleep,—

That's it—~~and~~ by a sweet refreshing sleep, to day we end

The bone ache and the thousand infernal pangs

That invalids are heir too. 'Tis a consummation

Devoutly to be wished. To die? Hardly. To sleep?

To sleep?—perchance to sweat—aye, there's the rub.

For in the sleep of phthisis what seas of perspiration

Do pour from one's dilapidated cuticle!

Shall mountain heights and elevated regions

Claim our abode? Or shall the damp

And dew-beladen air of shady glen and ocean beach

Lull our spirits to that undiscovered country

From whose bourne no traveler returns?

—*Eclectic Med. Journal*

VICARIOUS SYMPTOMS.

The Wife: There is a prescription that the doctor left for you to-day when he called and found you out.

The Husband: How did he know what to give me?

The Wife: He said that from my appearance and symptoms he knew you were suffering from chronic dyspepsia.

—*N. Y. Medical Record.*

A boy whose leg was repaired in New York by grafting some skin from a dog complains now that his skin barkseasily.

—*R. I. Medical Science Monthly.*

A PLAUSIBLE DERIVATION.

What sort of a doctor is a specialist, papa?

Pater—One who devotes himself to the acquirement of specie.—*S. & G. Monthly.*

THE ELECTRICAL HORSEWHIP.

It seems doubtful whether objection can be brought against the latest form of horse-whip, which is constructed so as to give a slight electrical shock to the animal. The handle, which is made of celluloid, contains a small induction coil and battery, the circuit being closed by means of a spring push. The extremity of the whip consists of two small copper plates insulated from each other, each of which is provided with a tiny point. The plates are connected with the induction coil by means of a couple of fine insulated wires. As a means of surprising a sluggish animal into doing his best work without the infliction of physical pain the electrical horsewhip will by many be hailed with gladness.

—*Hartford Times.*

HARD ON TIME.

No wonder Time is represented as haggard and worn out; a watch keeps time, the chorister beats time, the clock strikes time, trains run on time—not all but some of 'em—the foreman lays out time, people threaten to do things if they get time, soldiers mark time, criminals serve time, few can spare time, everybody now and then tries to kill time, and perhaps your subscription is behind time.

—*Charlotte Medical Journal.*

A RECENT CORONER'S JURY'S VERDICT.

At Highland, New York, the body of a drowned woman was taken out of the river recently. A jury, regularly constituted for the holding of an inquest, is reported to have rendered the following verdict: "We do say upon oath that the deceased came to her death by being found in the Hudson river, cause of death unknown."—*Charlotte Medical Journal.*

A man was being wheeled away with the dead, at the time of an epidemic. The victim suddenly raised his head and demanded of the man who was taking him along the street, where he was taking him to? "To the dead house," was the reply. "But I am not dead," said the poor man. "O, you be quiet," said the man who was pushing him along, "I

guess the doctor knows more about this than you do, and he says you are dead."

—*Popular Medical Monthly.*

WRINKLES.

Quite a sensation has recently been made in Boston by the successful application of wool-fat, or agnine, to the skin, for the removal of wrinkles. When applied with rubbing, it passes directly through the skin and acts as a nutrient to the fatty tissues beneath. An ancient dame has succeeded in removing nearly all the crows-feet from around her temple, and the remedy is fast becoming very popular.—*Popular Medical Monthly.*

DR POSSI, of Paris, the well-known gynecologist, is on his way to Chicago, having been designated by the French Government to attend the World's Fair.

CASTRATION for rape is not a new proposition, but in view of the horrible prevalence of lynch-law in certain parts of the United States, it becomes a question if the procedure should not be given the sanction of good law-courts as well as that of the court presided over by the ferocious Judge Lynch. In such a suggestion there is no attempt to "make the punishment fit the crime," but for heinous sexual crimes castration would appear appropriate and logical. There is, however, a class of criminals, that will possibly be made more vindictive by any punishment, and especially by this form of it, and harbor a revenge perhaps more ineradicable than before against society. Then, too, a criminal thus punished has only to move to a part of the country where is not known to escape knowledge of his mutilation. But, after all, the plan seems worthy of a trial.—*Medical News.*

NOTICE.

The editor would be glad of original communications, clinical memoranda, or notes from the professors on acute rheumatism for a special number in October.

The Times and Register.

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ACCESSORY ALIMENTATION.*

By F. BONNEY, M. D.
HADLEY, MASS.

IT is better understood at the present day than formerly that nutrition is essentially life. With impaired nutritive action there is impaired vitality. All normal functions are lowered and a necessarily feeble condition of life results. In infancy, the conditions are not only those of maintenance, but of growth; in middle life, of maintenance; in advancing life, a struggle against deterioration. Each stage illustrates the degree of activity of the nutritive forces. Much is said at the present time respecting the maintenance of heart action. The old adage is "strengthen the heart and you tone the whole system." One physician (Dr. Skey), remarks; "mend the pulse and nature will do the rest." Fothergill says, "Tone the heart and thus improve the assimilative powers." or, as is expressed by another physician (Dr. Wil-

liams), "Every form of treatment acts for good only as it strengthens the heart." The meaning of which is, that the ultimate aim of all treatment is to stimulate the nutritive forces or in other words, feed the system. In acute disease digestion is almost invariably impaired. The relations of waste and repair of tissue are disturbed. Less food is assimilated with a consequent lowering of vitality. Medicines can have only an indirect influence in maintaining life. So far as they may be able to assist in regulating heart action, and, in a few instances, furnish direct material for incorporation into the fluids and tissues (as with iron, the salts, etc.,) they may be of use. Their chief function, therefore, is, to so modify the circulation that the processes of digestion, secretion, and excretion may be restored to their normal relations. They cannot, however, always be relied upon to accomplish this. The system suffers from the want of proper food, and the problem is, in some manner to assist in nourishing it until the natural forces can resume their full functions. But it occasionally, and, perhaps, frequently occurs, that the physician finds it difficult to accomplish this through the in-

*A paper read before the Hampshire, Mass. District Medical Society, July 19, 1893.

tervention of some mechanical obstruction to the entrance of food into the stomach, the pharynx, or the course of the esophagus; or, the stomach itself may be in such a condition that food cannot be retained, or be sufficiently digested to give the system the necessary amount of nutriment. Spasms, tumors of various kinds, ulcerations, contractions of the passages through injury, reflex irritability of the stomach, as in pregnancy, or other uterine or abdominal conditions, spinal neuroses, etc., may so interfere with the injestion, or digestion of food, that it may become a question of serious import in what manner the patient may be tided over to the period in which convalescence may be hoped for, or life be maintained in more comfort. The same question may also arise in cases of tuberculosis in which the stomach cannot do sufficient work, in cases of coma, or other mental conditions, in which the patient cannot appreciate the necessity of taking food, and in children of irritable temperament who do not take their food readily, or who do not assimilate it properly, as in marasmus, etc. The occasions are numerous in which other methods than those of putting food into the stomach by natural processes are called for, and must be resorted to if the nutrition of the system is to be kept up. Among these methods of alimentation are those by the tube into the stomach, by the syringe and suppositories into the rectum, by transfusion and subcutaneous injection, by injection into the abdominal cavity by baths, and by inunction aided by massage and electricity. It is not desirable, however, for the purposes of this paper, to dwell to any extent upon other methods than rectal injections and inunctions.

It is only within a few years that these methods have been adopted to any great extent, to further the end indicated. Samuel Hood was the first person in this country to write upon the subject of rectal alimentation, in 1822. Stienhausen did so in 1845. It is recorded, however, that an Italian physician, Dr. Bodenhamer employed this method successfully, two centuries ago.

Another Italian physician Dr. Ramazzini, in 1691, sustained a patient for sixty-six days by enemata alone.

Formerly it was doubted whether the rectum or colon could appropriate nourishment. The rectum is, however, freely supplied with lymphatics and blood vessels, also with numerous glands, there being the follicles of Lieberkühn and lymphatic follicles, which may take on vicarious action when stimulated by the presence of digestible food; also, the presence of food in the rectum may stimulate the secretions of the stomach and small intestines, causing the same to pass into the large intestines and do their work there. It is in evidence that various substances which were placed in the rectum have been ejected through the mouth. Among them have been suppositories, candles and castor oil within forty minutes after being injected also stercoraceous matter; thus proving conclusively that reversed action may be taken on by the intestinal canal and food be carried from below upward to to be subsequently digested.

Flint says:—"With reference to this inquiry (about article of rectal diet), I cannot pass by the physiological question. How is digestion in the large intestines effected?

"From their failure to procure, from the mucous membrane of the colon and rectum, a digestive juice, and from experiments on lower animals, physiologists have been led to doubt the ability of these portions of the alimentary canal to perform the function of digestion, yet secreting glands analogous to those of Lieberkühn are found in considerable numbers in the large intestine, and it is not difficult to understand that they may take on a vicarious activity when the glands of the stomach and small intestine are not excited by the presence of ingesta.

"This supposition is not inconsistent with the absence of digestive juice in the large intestine when digestion in the stomach and small intestine is not interrupted."

Another supposition which I will venture to make is, that food introduced into the rectum excites secretion by the gastric and intestinal glands and in the absence of ingesta in the stomach and small intestine, the fluids secreted by these glands pass into the large intestine in sufficient quantity to effect digestion within the latter.

Dr. Henry F. Campbell does not agree with this view of the process of intestinal digestion. His idea is that digestion in either rectum or colon is not at all contemplated. His proposition asserts that instead of the digestive principles descending to the food to digest it, the food ascends to the fluids in the small intestine, and that it is there digested, and prepared for absorption by the proper organs in precisely the same manner as after buccal ingestion.

It may be well, in this connection, to consider more fully the relations to each other of the secretory functions of the stomach and intestines in conditions of health and disease. Some of the most important principles of treatment are based upon this physiological relationship, and upon the fact that while the process of digestion of food is only commenced in the stomach, it is completed in the alimentary canal by the influence of the intestinal juices. In the words of another "there is stomachical digestion in which the gastric juices with the saliva and mucus of the stomach play a most important part, and there is an intestinal digestion in which the intestinal juices composed of the biliary, pancreatic and intestinal secreted fluid play the most important part" Aitken says, "It is also an important fact especially insisted upon by Dr. Chambers, having been proved by the experiments of Bidder, Schmidt and Mandfield Jones, that the intestinal digestion may be made to do more or less of the work of the stomachic digestion, so that the exercise of the functions of the stomach may be spared when necessary, and the food encouraged to pass from it into the bowels to be digested entirely by the intestinal juices." Acting upon this knowledge when the digestion is slow and the stomach is oppressed by undigested food, large quantities of water and other fluids are sometimes given for the purpose of forcing the food out of the stomach into the intestines.

"By the experiments of Schmidt and Bidder upon animals, and the observations of Grünewaldt upon an esthonian peasant who suffered from a stomach fistula. It is established that there is a constant circulation of an immense quantity of fluid through the mucous mem-

brane of the alimentary canal necessary to the solution and absorption of food from its interior. The principal part of the solid matter of the gastric juice is derived from the gastric glands, and this is the exciting cause of the solution of the albuminoid substances in the stomach. This solid matter is regarded as a gastric ferment and called rennet. But water constitutes the chief bulk of the juice, and from the experiments and observations alluded to, it is known it performs a most important function.

It is continually poured forth from the surface of the mucous membrane in vast quantities to the extent of between one fifth or a quarter of the weight of the body, and as constantly returns to mix again with the sanguineous fluid. This secretion of fluid is constantly going on from the internal alimentary mucous surfaces. It mixes with the dissolving food in the alimentary canal, and takes up those particles of it which it is calculated to hold in solution, loaded with which it returns again to the sanguiferous, chyloferous and lymphatic circulation. Thus a poor watery fluid is constantly being sent forth to return "laden with wealth" and so administer to the nutrition of the body. This has been described as an "internal mucous circulation of fluid within the body," and the arrest of this interchange with a great retention of water has been shown by Virchow and Parkes to be a constant condition of the febrile state."

The rapidity of the circulation of the blood, which is considered to be about twenty seconds for its entire circuit, makes possible this activity of the processes of effusion and absorption.

Bearing upon the question of the power of absorption of the rectum are some recent experiments by Lemanski and Main. Iodide of potassi given by rectum appeared in the saliva at the end of ten minutes, while the same amount given by the mouth required fifteen for its elimination to begin. Salicylate of soda appeared in the urine ten minutes sooner when given by the rectum than when taken by the mouth, salol, requiring the action of pancreatic fluids for its decomposition, was detected forty minutes after injection and thirty after ingestion. As far as their experiments

went, it seemed as if soluble drugs were more quickly absorbed from the rectum than from the stomach.

RECTAL FEEDING.

Ewald has experimented largely with rectal alimentation and comes to the following conclusions:—

1st. That the rectum has undoubted power of absorption, but that the amount absorbed varies greatly from influences not to be controlled and peculiar to the individual.

2d. That the value of an albuminoid for rectal alimentation does not depend on its richness in genuine peptone. Eggs, which contain the smallest quantity of peptone are as readily absorbed and will give a greater gain to the organism than albumins containing a far greater amount of peptone.

3d. That we may produce with unprepared eggs that have been treated with hydrochloric acid and pepsin, the same results as are obtained with purchased peptones, and at much less cost.

For obtaining the best results from this method of feeding, a variety of articles have been suggested and used. Among them are raw beef, beef tea, chicken broth, defibrinated blood, sterilised milk, cream, eggs, coffee, the various extracts of beef, Valentine's beef juice, bovine, beef peptonoids, etc. Defibrinated blood is excellent in some cases, but not in all. The odor from it is sometimes intolerable. It has recently been shown that eggs in solution are much better digested if fifteen grains of salt are added to each egg. Personally the writer has been better satisfied with the beef peptonoids than any other preparation. They are very convenient, and upon the whole probably cheaper. They are stated to be composed of beef, condensed milk, etc., partly digested.

In the Detroit Emergency Hospital report a recipe is given: two eggs, pepsin, twenty grains; chloride sodium, ten grains; water, six ounces. The mixture should be slightly warmed and thoroughly agitated, and then be gently introduced into the bowels by means of a syringe.

Dr. Peaslee gives the following formula: "crush or grind a pound of beef-muscle fine; then add one pint of cold water;

allow it to macerate forty minutes; and then gradually raise it to the boiling point; allow it to boil for two minutes, no more, and then strain." Dr. Flint prefers a clyster composed of milk, two ounces; whisky, one-half ounce; to which add half an egg. Many additional formulas could be given, but space will not permit.

The most effective method of applying nutritive enemata is by a hard rubber syringe, or by a rubber bag, with a nozzle, with a holding capacity of from three to six ounces. Not more than six, nor less than three ounces can usually be given and retained with comfort. A rectal tube is also sometimes desirable through which to carry the liquid into the colon. The injections should be repeated from three to six or twelve hours as necessity may require. The rectum should first be cleared by an enema of warm water. This should be occasionally repeated, usually once in the twenty-four hours. If difficulty is experienced in retaining the enema, a dose of laudanum varying from five to thirty or more drops, may be added to it. This is frequently desirable for other purposes. Various medicines can also be added, quinine, cinchonidia first dissolved in brandy or other alcoholic stimulant, ergot, pepsin, etc., especially when the stomach is intolerant of medicine. It is desirable that the patient should occupy the recumbent position with the hips elevated, and a napkin may be pressed against the anus, until tolerance of the enema is established. Care should be exercised in filling the syringe that no air is retained. In order to be certain that the syringe is working well, the preparation should be drawn into it carefully and expelled and again taken up and finally the instrument should be held in the upright position and the piston be pressed until some fluid is ejected, showing that all air has been expelled.

Quinlan recommends a nutrient suppository composed of extract of beef combined with pepsini porci, and peptic fluid. At the heat of the body it melts and peptonisation takes place.

Sauter prepares peptone suppositories with cocoa butter each containing twenty-five grains of peptone—"In proper cases these serve an admirable purpose,

fifteen grains of dried peptone equalling two and one half drachms of meat in nutritive value, children may receive one, four times a day, grown persons, two, three times a day."

The question naturally arises as to how long life can be maintained by the method mentioned?

Flint writes that the longest period life was preserved of which he had knowledge was fifteen months. Niemeyer mentions a case that was under this treatment for three months. Kauffman gives nine cases that were maintained nine or more months. Numerous other cases are cited in which life was maintained for many weeks. Some years since the writer had a case of reflex irritability of the stomach from uterine disease in which no food or even ice-water was taken for six weeks. At the end of that period one teaspoonful at first of milk and lime water was retained, and in two days more, two quarts of milk were taken in the twenty-four hours. Rapid recovery followed. His experience has been that in pregnancy, with irritable stomach, if the patient will go to bed and take the injections, leaving the stomach to rest, after a little time she can frequently get up rested, and with little or no trouble from the stomach. In numerous other conditions of irritable stomach the same holds true.

INUNCTION.

In some cases, particularly in children, in which food and medicine cannot be taken in satisfactory quantities by the stomach, and, in which, perhaps, enemata cannot well be given or are not well retained, or which may be inefficient in keeping up the required nutritive action inunction is frequently a valuable accessory, cod liver oil, sweet oil, fats of various kinds, milk in baths and otherwise applied, have proved to be valuable adjuncts to other methods of feeding. Inunction was practiced by the ancients as a luxury, and to prepare the body for violent exercise, and to give relief from fatigue. It was also used to protect the body from the effects of cold and heat, and it was also thought to protect the individual against epidemic diseases. It was practiced, at one time, as a distinct branch of medicine.

It was frequently practiced in connection with bathing and massage. The old porters of Smyrna and Tunis whose garments are constantly saturated with oil, are believed to invariably escape contagion even in the severest epidemics of the plague. Some of our number can well remember when the rubbing in of oil in some form, especially by pork rind, was advocated as a very efficient application to the skin in scarlet fever. It was thought to mitigate the fever and also to protect the skin against atmospheric changes. At present, we may add the suggestion that it might aid in preventing infection in the desquamate stage of the disease.

In wasting diseases of children the oils have been used with a considerable degree of success. While the absorption of the unguent may be slow at first, the skin acquires increased facility in this respect as the process goes on.

The results of the inunction are frequently as good as when the oil is taken into the stomach; the latter organ is saved so much labor and the process is much more agreeable. In one case under Simpson's observation, a patient, anointed daily with olive oil increased twenty-four pounds in weight in forty-two days, while a child, two years of age, increased in weight one ounce a day for eight weeks, under assiduous oil inunctions, and in the external as in the internal use of the oil, the increase of weight obtained is often greater than the mere weight of oil introduced into the system.

A case is given by William Hunter more than a century ago, which illustrates the efficacy of this form of treatment.

A father brought to him his boy, twelve years of age. For a long period he had been unable to retain food upon his stomach. He had become emaciated, feeble, and apparently likely to die. The advice given was to place the boy before a hot fire and with the hand rub warm sweet oil over the region of the stomach. This was to be repeated several times a day. The result was that after a little time, the patient stopped vomiting and began taking on fat, and ultimately recovered without other medication. Cod-liver oil is also very effectively used in this manner, cream and other fats may, on occasion,

answer a good purpose. The region of the stomach, the groins and the armpits seem to be the appropriate location for the most active absorption. But rubbing the spine also, through its whole length has answered well so far as the writer has had experience. He has seen excellent results from the practice. Medicaments can also be united with the nutrients. Iodine, mercury, opiates and various other medicines have been used with advantage.

Within a few years Brown-Séquard and others have professed to attain great results from subcutaneous injections of various nutrient principles, some of which seem fantastic. They claim to secure a renewal of life, and activity of function by these methods. Experience has shown that hypodermic medication is very effective.

At this day skepticism as to the outcome of the future seems out of place when we recall what has transpired in the recent past. Who can say that Brown Sequard and his compeers in their ardent search after the "Elixir of Life," may not have caught a glimpse of the dip of the diviner's rod that points toward the fountain which, in the future, through the fructifying influences of its abundant waters is to make life perennial and give to man place among the immortals.

After subcutaneous injection, massage in the direction of the heart accelerates the absorption of the substance introduced. The longer it is continued the more rapidly are the effects manifested. The manipulation must be local.

Transfusion has its advocates and undoubtedly, in some instances, has been of service. Blood taken from a healthy person, is usually the fluid used; but milk and other fluid nutriment have been tried; but not with much success.

The operation is not unattended by danger. An illustration of this fact is given in the experience of one of the Popes, aged and feeble. Two healthy young men volunteered to furnish the vital fluid for the experiment.

Unfortunately, all three died in consequence. Success has sometimes attended its performance in cases of great loss of blood after delivery, and in exhaustive diseases in which the blood is very much impoverished. It is however, only in

favorable cases that the operation can be justified.

In a few instances nourishment has been thrown into the peritoneal cavity; but the operation is not likely to be repeated. In conclusion it may be said that, when the physician is disheartened in his attempts to nourish his patients by natural methods, he has these auxilliary processes to which he can turn with the expectation that, in some instances he may be able to tide them over a critical period in their illness, and so give opportunity for a restoration of health, or, if that prove futile, the way to the end may be made more comfortable.

ACCIDENTS CONSECUTIVE TO THE EMPLOYMENT OF IODOFORM WHEN USED EXTERNALLY.

By THOMAS H. MANLEY, M. D.,

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IN the section of the Pan-American Medical Congress, given to general surgery, during the afternoon of the last day's session a warm debate was held on the relative value and safety of ether and chloroform; in which Drs. Hare, J. B. Hamilton, Laplace, Manley and Quimby and others participated.

Dr. Menderosieros, of the City of Mexico, opened the discussion by a paper on chloroform, in which he strongly recommended its general use. After a discussion, in which ether and chloroform were in turn praised and censured by different speakers, one member rose and said that "no one familiar with anesthesia could for a moment deny that chloroform is a most potent, toxic and deadly agent. He had had a death in chloroform; the patient dying without a moment's warning. Death was purely, from respiratory inhibition as the patient's heart continued to beat fully five minutes after breathing ceased. He wished to particularly make clear, that all pulmonary anesthetics are dangerous; that our patient may safely survive the operation; but often dies in a day or two from renal or pulmonary complications. Therefore, it were often better, than to select either chloroform or ether, to reject both and give no anesthetics of any kind." This conclusion should be large-

ly concurred in, for in our times the administration of pulmonary anaesthetics is too often a perfunctory custom as if wholly devoid of danger.

Iodoform is on quite a par with these volatile lethal inhalants. It has become the general custom to saturate every description of a sore or wound with iodoform.

Iodoform is a powerful medicament, which should be employed, with as much discrimination as any other chemical.

In syphilitics and, perhaps, in many strumous cases its effects are most salutary, but the habit of filling it into spaces by the teaspoonful and dusting it over clean, healthy surfaces is not only useless but a pernicious and dangerous practice.

Let us use what Tisson says on the subject. (*Annals de Medicine*, August 16, 1893.)

The light degree of iodoform intoxication he has noticed very frequently. M. Brun had seventy-one cases. In twenty-nine, symptoms of intoxication appeared in from five to ten days. In eleven, from ten to twenty days. In nine, after the twentieth day.

Schede has noticed symptoms of poisoning in cases after the wound had completely healed and the dressings removed.

Grave forms may succeed the milder; serious symptoms setting in suddenly, and often declare themselves by violent symptoms in the night. The patient first loses his appetite, has malaise and headache, followed by violent agitation, and divers hallucinations. He tears off his dressings, attacks his attendants, or, even attempts suicide. The memory becomes enfeebled, and he has aphasic symptoms.

Kocher noticed a persistent nausea as an important premonitory symptom. Konig observed a small irregular pulse.

This observer declared that the pulse was a guide of great importance, in this class of cases, from a prognostic point of view, and, that when it suddenly became thready and irregular the patient invariably sank. There is usually a diminution in the urine, with the presence of albumen, symptomatic of parenchymatous nephritis. When a patient survives these accidents intelligence returns, but the memory remains feeble for a long

period. Mortal symptoms are announced by a feeble pulse, profound depression, incontinence of urine and feces, and dyspnea.

Berger and Konig noticed, that in certain graver forms, in the beginning, they had a special symptomatology. (the forms comatose of Konig, and the form meningale of Berger.) In Brun's sixty serious cases of iodoform poisoning, eleven cases were light, thirteen grave, not mortal, thirty-six mortal. The excess of mortal cases in this table is too large, which is accounted for, without doubt, by the minor cases not all being included.

The lesions attributable to iodoform intoxication are not always constant or characteristic; the most dominant, however are fatty degeneration of the pericardium, of the liver and the kidneys, (Horpft) sanguinous infarctions into the lungs, (Hogyes) bronchitis, muco-purulent. (Konig) etc.

With the animal, Maitre, Hubert and Maretin had noted violent gastric derangement, accompanied with intense nervous depression, after the administration of small doses of iodoform.

Second.—A large, open wound is the most liable to give trouble, by the large exposed area, and so are fatty tissues, as the escaping fat globules quickly dissolve and favor prompt absorption.

Diseased cutis when injected with ethereal iodoform, strangely never gives rise to iodoform toxemia. (Berneuiel).

Sex is not without influence. The female is the most susceptible. The old are more susceptible than the young.

Iodoform should never be employed on those suffering from renal or heart disease.

After one has become intoxicated, little can be done. Some have given the alkalis with the hope that by a combination of the iodoform with the alkaline it might be the better eliminated.

Kocher has tried the transfusion of a five per cent. solution of the bicarbonate of potash.

The above is almost *verbatim* translation of M. Tisson's valuable contribution. Henceforth let us throw iodoform to the dogs or some of our natural enemies; but in the name of Heaven let this heedless, stupid practice of plastering the surface of healthy wounds with iodoform powder cease.

Long since orthodox antiseptics have been condemned and thrown bodily out of surgical therapeutics. Why, then, should this stinking stuff linger?

A certain distinguished surgeon in America once said when he had a thoroughly foul-smelling sore and wished to substitute one stink for another he used iodoform, and only then.

We would not go so far as that, but we crave our brethren to discontinue its haphazard employment, and to remember that it is not an innocuous agent, but that like all potent medicaments it must be used with discrimination and discretion, on only rare or occasional cases.

RAILWAY SURGERY—ITS PRESENT STATUS AND IMPORTANCE.*†

By R. HARVEY REED, M. D.,

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WOULD that I were able to impress every member of this intelligent association of scientific men with the present condition and the importance of railway surgery. If unable to do that, would that I could impress every railway attorney who is here to-day with the financial responsibilities that rest on each practical railway surgeon of this country. It is true, and I regret, too true, that many of the so-called railway surgeons of to-day are deficient in the special surgical knowledge that is required at the present time to properly conduct the duties that are entrusted to them by the company so as to result in the greatest good possible, not only to the injured but to the corporation that employs them.

It is but a few years since railway managements as well as their attorneys looked upon the surgeon as a necessary evil; and he seldom received any consideration on their part except in times

of trouble and disaster. In fact this fallacy has been handed down, in many instances, to the present day, and I regret to say that many managers and attorneys of to-day look upon railway surgery as simply a scion which has, unbidden, sprouted out of the railway service. But we remember that it is only a few years since railway companies came into practical existence, and, like all other new projects, they had to grow and develop, and by experience learn the best methods by which to conduct all departments of their business in the most profitable and economical manner. But by experience they have learned many a sad lesson; and in learning these lessons they were not the exception to the rest of humanity, who, as a rule, are obliged to pay for their experience and their knowledge. They soon found that it was necessary to employ attorneys who, like the surgeons, were not producers of the finances of the company but protectors; or in other words, the company put into practice, by employing the attorney, the old adage that "a penny saved was equal to a penny earned," and consequently they were employed to protect the companies' interests, from a legal standpoint. They soon found state statutes to combat and decisions of the court to counteract in reference to personal injury due to negligence on the part of the railway companies or their employes, which at present has grown to such enormous dimensions that it requires an army of attorneys at large salaries and often enormous fees besides millions of dollars every year to pay for damage suits, many of which are the result of malingering and fraud against the railway companies.

The so-called "railway spine" is the "spook" that haunts every railroad company and hallucinates the mind of the average person who meets with the slightest injury due to the most trivial railway accident. It, like the fatty tumor of the pensioner, is indispensable. The claimant would not part with it for the world, but on the other hand really prides himself in its continued growth as being a profitable investment for him by increasing his pension from year to year. So with the trained malingerer who is nursing the so-called "railway spine." He not only prides himself in having it,

*Read before the New York Medico-Legal Society at its meeting held at Hotel Imperial, New York, June 14, 1898.

†The excellence of this article is the editor's apology for reproducing it from "The Railway Age."

but develops it to the greatest extent possible by reading Erichsen and such unwarranted writers at the advice of the prosecution in a trial for damages until he is enabled in the majority of cases to so delude the court and jury as to secure a large verdict against the railroad company.

In fact the ordinary jury has been so misled by these malingerers and their allies as to be unable in the majority of suits to distinguish between the real and an alleged special injury. Indeed I may go further, and say that the average railway surgeon of to-day, as a rule is unable to distinguish between a true and a false spinal injury. I have seen, time after time, railway surgeons placed on the witness stand, one of whom would swear that there was nothing the matter with the man's spine, whilst the other would swear diametrically the opposite, and endeavor to show that he was injured forever. I have seen the same claimant receive a large verdict on account of the disagreement of the surgeons, who afterward became perfectly well, being entirely cured by a check from the company.

Now gentlemen of the association, these are serious facts to contend with, and it is for the purpose of combating these claims and enabling the railway surgeons to make a clear differential diagnosis between the true and the false spinal injury, which have led juries and courts astray and cost the railroads millions upon millions of money, that we surgeons have organized not only local but state and district associations, and last of all a national association, for the purpose of studying these intricate problems, and instead of being looked upon as a class of numskulls, crammed for the occasion, according to the side we represent when we are placed on the witness stand, that we may have unity of opinions when we go before any jury or judge, and determine beyond the question of a doubt whether the case is a true or a false one.

It is not the time or place to undertake to lay down any set of rules by which you, as surgeons, attorneys or judges, could determine these questions. Each case is an individual law to itself, but each case is governed by general

principles which are as immutable as the laws that govern the motion of the planets. We realize, to our sorrow as railway surgeons, that the average general manager or superintendent does not appreciate the service which we, as an association of railway surgeons, are endeavoring to render the railroads of this country, as well as those of the Dominion of Canada and the Republic of Mexico. Nay, we realize more, and that is, the fact that the average jurist looks upon the expert witness, and especially so when he is a surgeon representing either the defense or the prosecution in a damage suit, as being an unreliable factor. Time and again have I heard eminent lawyers who in one trial would represent the prosecution and perhaps in the next trial would represent the defense, repeatedly state that had it not been for the doctors they would have lessened the damage against the company, or on the other hand, they would have succeeded in securing more damage for their client.

Now, gentlemen, we are here to-day to admit that the average railway surgeon has not reached the degree of skill necessary to protect the interest of the company that he could and should if properly trained, but we hope to see the day when railway surgeons will go on the stand, and in the same case, whether he is subpoenaed by the prosecution or the defense, will testify to practically the same facts, whether he be from Maine or California. We realize the fact that to-day there are many railway surgeons in the employ of these wealthy corporations who are no more fit to hold such positions than I am fit to preach in the Brooklyn tabernacle.

It is to be regretted that a large majority of the companies, and especially so on our eastern roads, leave the selection of surgeons to non-professional men; men who are not able to judge of the scientific qualification of surgeons, but who nevertheless employ them to take these responsible positions, which may mean thousands of dollars to the company, without taking, the precaution to ascertain their ability in advance, but usually appoint them through friendship rather than on their merits. Before the National Association of Railway Sur-

geons was organized there were not to exceed six or eight chief surgeons in the United States, and the consequences were that the balance of the roads which had surgeons employed at all had them placed under non-professional men to whom they had to report and under whose directions they had to perform their professional duties, so far as the company was concerned. Why, gentlemen, the idea of placing a surgeon under a non-professional man and expect to get the best service out of him is just as reasonable as it is to place over an attorney who is trying a case before a jury a judge who knows nothing of law and who was picked from the laity, and who might be a good gardener, a good horse-man or a fine singer, but who knows as little of the law and conducting of a suit on trial as the "wharf rat" does of theology. Who of you would expect an attorney to be able to analyze the waters of Croton aqueduct simply because he is a successful barrister?

This, we regret to say, to the loss of the stockholders, has been the status of railway surgery for years, and to a certain extent is the policy adopted by quite a number of railway companies to-day, who either place the surgical department under the control of the general manager or general superintendent, or in some instances the claim agent of the company. But notwithstanding all this I have always had faith enough in humanity to believe that the time is coming when these errors will be righted, for I am sure the thinking, reasonable man when it is once explained will see how utterly impossible it is to get the best service out of a surgeon by placing him under the control of one who knows nothing about his business and has not the least practical appreciation of the services he has to perform. In comparison, it would be just as reasonable to place a surgeon at the head of the legal department and compel the corps of "company council" to abide by his judgment and decisions, whether right or wrong, as it is to place the claim agent at the head of the surgical department, who must listen to his dictations in reference to the surgical service of the company they represent. Or again, it would be just as reasonable to place a surgeon at the head of the

operating department of the railway company, and expect him to manage that with success, simply because he is a good surgeon, as it would be to place the general superintendent over the surgical department, and expect to get the best service possible from his surgical staff.

But I am thankful to say that through the educational efforts of the National Association of Railway Surgeons, which was organized in Chicago, in 1888 and has met annually ever since, these wrongs are rapidly becoming righted. At that time there were not more than one-half dozen roads in the United States which employed chief surgeons and placed their surgical department under them, but to-day I am proud to say to you, there are more than 100 lines in the United States, Canada and Mexico that are employing chief surgeons, many of which have placed their surgical department entirely under the control of these chiefs, who have been given complete control of their departments, issue their own passes, pay their employees and report only to the general manager or a vice president, as the case may be, the same as other department officers of the company. Where the surgeon has been given these privileges the best results have as a rule been attained, and where they have not the fault has been found to lie with the appointment of an incompetent chief surgeon. The idea, often advocated by general managers and claim agents, that the average surgeon is not a business man, while true in the main, is a mistake in a very great many instances. The company, in choosing a chief surgeon, should be careful to see that they not only obtain a man who understands his business from a professional standpoint, but that he is endowed with executive ability; who can not only organize his department, but handle the business pertaining to it with accuracy and success; and who can go out along the line and show the surgeons of his staff how to amputate a limb properly and how to care for it after it is amputated. We have many such men in the national association, who are giving practical evidence to the company employing them of the actual cash value they are to the stockholders, by reducing the number of damage claims arising out

of accidents, by an improved and better surgical service than is possible to be obtained under a non-professional head of the surgical department.

In proof of my statements permit me to refer you to a large corporation whose road is equipped with the finest of trains and whose financial standing is high in railroad circles, but which has the lowest class of surgical service. Not long ago an accident occurred at a small town along their line, in which a man lost both legs. A surgeon in the employ of the company was called who had no experience in making amputations, and who in turn called another surgeon to assist him. The other surgeon, ignorant of the principles that govern the circulation of the blood, placed a tourniquet on each limb (both of which had to be amputated), and, to the disgrace of the profession, allowed them to remain there four days, resulting in gangrene of both stumps, which had subsequently to be amputated, and that company paid \$32,000 for the privilege of having at the head of its surgical department a non-professional who had employed a surgeon incompetent to meet an emergency which is liable to occur to any surgeon at any moment in the employ of a railroad company. Had this same company employed a competent chief surgeon, is it to be supposed for a moment that he would employ a surgeon who did not know any better than to leave the tourniquet on for four days, when the merest tyro of to-day would have warned him against allowing such a dangerous instrument to remain on a limb to exceed two or three hours, and in all probability would not have used this instrument of torture (a relic of former days) at all, but would have used modern methods, consisting in the elastic constrictor, which would have made the operation not only bloodless, but would have made it a success in the hands of even an ordinarily skilled surgeon.

Pardon me for giving one more practical illustration, by which I hope to enable you to compare and realize more fully the accumulated results of an inferior surgical service from a financial standpoint. An eastern trunk line has had for years a non-professional man at the head of its surgical service and for

this privilege was obliged to pay \$600,000 for 1,300 cases, or an average of \$500 per capita for all injuries. On the other hand, a western road which had placed its surgical service under a chief surgeon and had practically three times as much of mileage as the former, but which has adopted the hospital system that stands pre-eminently as the system of surgical service, settled over 2,500 cases of personal injury for \$65,000, which is an average of about \$26 per capita. This shows the enormous difference of 1,200 claims in favor of the road with the chief surgeon, settled at a saving to the company of \$535,000, and in favor of the hospital system with a chief surgeon and a corps of competent surgeons, as compared with the other line whose surgical service is run by a non-professional superintendent.

I trust you will pardon me, gentlemen, for bringing up these cases, but my only excuse for doing so is to impress you as attorneys, and especially those of you who are railroad attorneys, with the importance of sustaining and supporting the efforts that are being made by the National Association of Railway Surgeons, which is urging upon the roads the financial advantage of having a competent surgical service under the head of a competent surgeon in chief, whose duty it should be to select the very best men along the line of his road and to see that they are properly equipped with the necessary instruments to perform their duty and that they also know how to perform it and how to protect the company from excessive damages by giving them a better class of surgical service, which by these improved means and methods can and will be improved from year to year.

It is largely through the influence of the National Association of Railway Surgeons that many of the local organizations of to-day, from those of individual roads to those of state and district associations have grown, and in not a single instance have these organizations taken into consideration the question of higher fees or better pay, as is usually the case in the various trade unions that are made up of the different branches of the service of our railway companies.

On the other hand, the associations of railway surgeons are wholly scientific in their objects, and you might say philanthropic bodies, who not only seek to improve themselves by coming together and discussing the various methods of taking care of the maimed and injured victims of accidents along the lines of their company, but in doing so are also serving the best interests of the company, and on the principle that "a dollar saved is as good as a dollar earned" they hold that they are constantly protecting the company by the improved service they are giving and expect to continue to give through the education and improvement they obtain in attending the meetings of these associations which are to the railway company as the polyclinic is to the country physician.

It has been suggested by our honorable secretary that a department of railway surgeons be placed in the journal that represents your association; and we feel highly honored by being invited by him to come before you at this time and endeavor to impress upon you the importance of this addition to your journal by endeavoring to show the present status and practical importance of railway surgery, which is no transient affair but has come to stay just as long as railroads traverse the land.

It has long since been demonstrated that it is just as impossible for railroad companies to get along without the service of surgeons as it is for them to get along without the service of attorneys; in fact in personal damage suits the attorneys are wholly dependent upon the surgeons for their information in the cases. It has also been established that an attorney is a fixture in all railroad companies, and is an absolute necessity. It is just as true that the surgeon is a fixture, and where railroad companies have no surgeons of their own their attorney must consult surgeons employed temporarily as well as the surgeon who is in the employ of a company, to ascertain from him the nature, character and duration of the damages in a case of personal injury, in order that he may get the facts on which to build his case. Consequently the better qualified your surgeons are and the better they understand their

business from a practical and scientific standpoint, the more service they will be to you, and the greater economy both of you are enabled to render the company you represent.

I trust you will pardon me for again referring to the National Association of Railway Surgeons, with its 1567 members, all engaged in this one common cause, in elevating the surgical service of the railroads of our own and sister countries, saying nothing of the scores of auxiliary associations which have organized for the same purpose, each member paying his mite toward the support of the organization to which he belongs, both in money and scientific research. Many of these are members of the national association and are willing to devote their time and pay their expenses to attend these meetings, excepting their transportation, which they, and justly too, ask the railway companies to furnish and feel that they are justified in requesting them to give this mite toward this important cause, especially when they are engaged in the betterment and improvement of the company's service and the financial protection of the stockholders. As a representative not only of the national association but also local associations I beg of those of you who are attorneys for railroad corporations that you consider this question seriously and bring it before your company in such a manner that they will see the value of supporting such an organization especially when all the support that is asked is transportation, not only over the surgeon's own line but over such foreign lines as are necessary to place him in touch with the annual meeting.

It is often the accumulation of small losses that leads to bankruptcy. For example take the two roads we have already referred to; the one paid \$600,000 for personal damages and the other \$65,000; but suppose they were both on an equal footing and that it required them to save every penny to prevent them from falling into the hands of a receiver, it would be an easy matter for you to decide which one of the roads would survive the financial conflict and which one would go under; and yet a good surgical service would save one road whilst a poor surgical service would allow the other to

fall into bankruptcy. It is but a few years since I was talking to one of the leading general managers of a western road who for years had maintained and operated a hospital system on his lines (and at that time I am frank to say that I was not particularly in favor of the hospital plan, for the reason that I was born and educated in the east and was filled to a large extent with eastern ideas); but when he replied to me that he would just as soon abolish his freight and passenger department as he would his surgical department it set me to thinking, which was followed by investigations, and the investigations were followed by conviction and finally conversion to the hospital plan.

It is true that the freight and passenger departments are largely the company's producers; but it matters not how well they may be conducted or how systematically they are managed it does not justify the management in allowing its stockholders to suffer a loss of several thousand dollars each year on account of not having a competent surgical department which if properly conducted would save this to the stockholders.

At present the surgeon is as a rule held at a distance from the general manager, who seldom sees him; he seldom has an opportunity to talk with him, and seldom gets any satisfaction when he does talk with him, because the general manager is looking for larger game and does not want to talk about accidents and injured people, which he knows are always an expense to the company. As a rule he is not inclined to prepare for war in times of peace, but in many instances will neither care properly for the surgical department himself nor appoint a chief surgeon and turn this department over to him and hold him responsible for it as he does the head of any other department.

In another part of my paper I stated that when the National Association of Railway Surgeons was organized there were not to exceed a half-dozen chief surgeons in the United States. Now there are over 100, and out of this hundred there are eleven railway companies who have organized and are maintaining a hospital system on their lines, all of which will be found in the west or south and not one is found in the east.

Again, out of the 100 chief surgeons in the employ of the various railroads of our country only twenty-two are found in the east, or less than one-fourth of the entire number. Of these seven will be found in Ohio and six in Pennsylvania, making considerably over one-half of the whole number in the east in these two states.

While the appointment of a chief surgeon is a great advancement over those roads which have no chief surgeon at all, it is unfortunate that many roads have a chief surgeon in name only, who has no power to act and who only serves the company when invited to do so. But it is to be hoped that even this may be an entering wedge, and where a chief surgeon of the proper stripe is appointed he will be able to influence the management so as to succeed in improving the service, rather than to lie listless and allow it to drift along with the tide.

On the other hand, of the eleven chief surgeons who are at the head of the hospital departments the majority, and especially those who represent a fully equipped hospital plan, have entire charge of their departments; and it is there where you will find the best results, not only as to surgery and the care of the sick and wounded, but as to the reduction of expenses and the saving of losses to the company by damage suits. Gentlemen of the association, in conclusion, I have endeavored to show you not only the present status of railway surgery, but it has been my object to impress upon you its importance. As the surgeon and the attorney in a case of personal injury are necessarily co-laborers, I cannot close without insisting that you as railroad attorneys should encourage this department of railway surgery which has recently been placed in your journal, as well as to encourage your railways to recognize the work that their surgeons have done and are continuing to do through the means of their local, district, state and national associations in the interest of the stockholders that compose the companies. It is to be hoped that you will give this question your candid consideration and throw your united efforts in favor of a high class of surgical service among the railways of the greatest railway country in the world.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, OCTOBER 7, 1893.

LITTLE CHILDREN AND HEAT.

THERE have been of late several discussions in French and British Medical Journals on the subject of the influence of hot weather over little children. There is no doubt that more children suffer from excessive heat than from excessive cold. This is true, not so much because the temperature is hyperelevated during the summer months, as from the fact that most children are not clad according to the climatic requirements. Take for instance children of strumous and weakly parentage, or those pre-disposed to catarrhal affections of the respiratory tract, how often we see them bundled up in hot weather to prevent

"taking cold." Now children should be clothed evenly, loosely and warmly, and we mean by the latter that they should have suitable protection against climatic changes. This necessitates a different plan of dress for warmer or colder climates, or regions subject to sudden temperature changes. In New England, for example, and especially near the coast, it is doubtful if one would be warranted in not keeping some quality of flannel on a child the year around. In the interior, where the temperature is more even throughout the season, light cotton or mixed undergarments may be worn. However, this is a matter every resident physician should dictate for himself, for individual cases differ as materially as latitudes. Suffice it for us to say, that infants should be kept cool in summer weather by light appropriate clothing, plenty of pure, cool, (not iced,) water to drink and regulation of its diet and habits.

In this manner the excessive sweating is diminished, and in consequence the concentration of urine, usually noticed, is lessened, not only by the actual amount of water taken into the system, but by diminishing the out-put of water by the skin as well. Furthermore, children will be less nervous in summer, the more actively diluted are the waste products which pass through their urinary organs kept.—F. S. P.

Annotations.

TYPHOID FEVER IN BOSTON.

IN a recent article in the *Boston Medical and Surgical Journal* Dr. J. H. McCollom has drawn the following conclusions:

(1) That the prevalence of typhoid fever in Boston is not due to the water-supply.

(2) That situation near tide level is

not conducive to the frequency of the disease.

(3) That imperfect drainage is not an important factor.

(4) That, as the germs of typhoid fever can be easily and readily conveyed by milk, it seems reasonable to assume that the comparative prevalence of the disease in this city is due, in a great measure, to infected milk.

THE INCREASING PREVALENCE OF SCABIES.

UNDER this title Dr. H. W. Stelwagon, of Philadelphia, in the *Medical News* calls attention to the increasing frequency of this disease. A table of statistics of the dispensaries and skin wards of the Philadelphia hospitals gives the following totals regarding scabies: In 1882, 2.78 per cent, in 1887, 7.9 per cent, in 1892 13.52 per cent.

These reports clearly indicate that scabies is becoming a more and more common disease among the poorer class generally.

This increase is not alone in Philadelphia by any means. Boston, New York, Chicago, Baltimore and St. Louis have, as well, increased their ratio of the itch. A cause of this may be found in the foreign elements invading large cities, cheap lodging-houses are also fruitful centres of contagion. The treatment is well known and is as simple as it is efficacious. Every quickly cured case removes from the community an active contagion carrier. Dr. Stelwagon prescribes the following:

R Sublimed sulphur.
Pruvian balsam, aa ʒi
Beta-naphthol, grains 60
Benzoated lard, qs ad ʒiv

M S.—After a hot soap and water bath the above is energetically rubbed into the skin over the whole surface and in twelve hours another application made. Clean linen is worn and clean bed-clothes used the old under-garments and bed linen is to be boiled.

THE DOCTOR'S HORSE.

AT the annual meeting of the British Medical Association recently held, Mr. R. J. Collyns selected as the subject of his presidential address, "The doctor's horse." The animal's housing, bedding, food, work, repose and care

were discussed with efficiency. He emphasized the importance of good ventilation and drainage for stables, and pointed out that horses are much more apt to receive harm from exposure on leaving a hot stable than a cool one. As the feeding of horses was a matter of individual capacity and appetite, as well as in man, it was important that it be studied with care. He strongly urged that maize given in proportion of one part to two or three of oats be given, as horses kept in this way were in harder condition.

Food for horses should be given rather by weight than measure. Mr. Collyns also gave attention to horse shoeing. A smith should know the anatomy of a horse's hoof. Had they any they would not pare away the "bars," the two firm ridges which prevent the "wall" of the hoof from being driven inward by the superincumbent weight, as many of them are now doing.

GUAIACOL PIPERAZIN.

IN several cases of advanced tubercular phthisis, I have employed this new drug, especially for the fever. For this symptom it would seem, *a priori*, to be admirably fitted, combining the germicidal action of guaiacol with the antipyretic action of piperazin. Hypodermatically it proved quite irritating, causing severe burning pain at the seat of puncture and considerably inflammatory reaction following, but no suppuration. This appeared to be due to the guaiacol separating from the piperazin in a watery solution. I then administered the drug in capsules; giving five grains two to four times daily. The patient was directed to take a capsule as soon as the temperature rose to 100° Fahr, and to repeat the dose every two hours until the fever subsided below this point. The effect was superior to that of the ordinary antipyretics; the fever was readily controlled, without any marked tendency to sweating. No irritation of the stomach or intestines followed. Altogether the result fully warrants me in calling attention to this use of the drug. As to the effect of the combination upon the course of the disease, it is too early to give the verdict. The results thus far are quite favorable,

although pains have been taken to eliminate the subjective element; no word having been dropped as to the remedy being a novelty, or its being on trial as a "consumption cure."

The effects, such as they are, must be ascribed to the drug itself, and not to the "moral effect," of a new treatment.

W. F. WAUGH.

RUMINATION: A SYMPTOM OF NEURASTHENIA.

DR. P. NACKE, HUBERTUSBURG.

(Neurolog. Centralbl., 1893.)

DR. NACKE observed the symptoms of rumination on himself. He had no sign of neurasthenia until, about ten years ago, when he was 31 years old, he began to suffer from wakefulness with headache, pale complexion, irritability of the vasomotor system, temporary twitching of the muscles, etc. Early in 1891 the symptoms became especially distressing after a severe iodoform intoxication followed by amentia for several days and mental prostration lasting about four months. For a number of years I could observe the rumination after dinner. Generally a short time after the meal, mostly one-quarter or one-half of an hour afterwards, rarely after one to two hours or even later, the food taken was regurgitated with the greatest vehemence, without a sensation of oppression or qualmsiness; involuntarily, irrepressibly and without premonitory signs, so as to fill the mouth when the food was ruminated and swallowed again, the process was repeated within not too long a time, up to six times and more, the taste of the food being always unchanged to the last. As a rule this happened and still happens after dinner, rarely in the evening or after the breakfast. Fluids were rarely regurgitated alone. These symptoms appeared periodically, the frequency being in proportion to the nervousness, depending also on the quantity and quality of the food. The functions of the stomach were good, perhaps a little slow; constipation absent, no hyperacidity, no dilatation; perhaps temporary paresis of the cardia.

The parallelism with the neurasthenic symptoms brings Dr. N. to the conclusion, that merycism (rumination), is due

to excitability of the nerves of the stomach for mechanical irritation by the food, and he thinks that in him and in one of Leva's cases this motor reflex neurosis is a symptom of neurasthenia.

AD. MEYER.

Book Notes.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.

A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators, and correspondents. Illustrated with chromo-lithographs, engravings, and maps. 1898. The F. A. Davis & Co., Publishers, Phila., N. Y., Chicago and London.

Always good. The last issue of the Annual is superior to any of its predecessors. Dr. Sajous has his working force in good fettle as is evidenced by the work before us. The chapters on cholera by Dujardin-Beaumetz; on the urinary organs and adrenals, by Sir Benjamin Ward Richardson, on surgical mycoses and tumors by Laplace, and on the nose, by Sajous, are especially commendable. The other departments are as follows: Diseases of the lungs and pleura, Whittaker; heart and vessels, Whittier and Green; mouth, very appropriately by the younger Solis-Cohen; animal parasites, Dolley; diabetes, Lépine; fevers, Wilson and Eshner; diphtheria, croup, pertussis and parotitis, J. Lewis Smith and Warner; the eruptive fevers, Witherstine; rheumatism and gout, Davis; blood and spleen, Henry and Stengel; brain, Gray; spinal cord, Obersteiner; peripheral nerves, etc., Bourneville and Sollier; mental diseases, Rohe; inebriety, morphinism, etc., Kerr; uterus, menstruation, etc., Mundé and Rau; ovaries and tubes, Montgomery; vagina, Baldy; pregnancy, Lutand; obstetrics, Bredin; the new-born child, Currier; dietetics, Star and Powell; growth and age, Minot; surgery of brain, cord and nerves, Pilcher and Lloyd; thoracic surgery, Gaston; abdominal surgery, Packard; rectum, Kelsey; male genito-urinary, Keyes and Fuller; syphilis, White; orthopedics, Sayre; amputations, etc., Conner and Freeman; fractures and dislocations,

Stimson; vessels and dressings, Packard; oral and facial surgery, Matas; surgical diseases, Tiffany and Warfield; traumatic neuroses, Booth; anesthetics, Buxton; skin, Van Harlinger; eye, Oliver; ear, Turnbull and Bliss; nose, microscopy, technology, Sijous; pharynx, Delavan; larynx, J. Solis-Cohen; intubation, O'Dwyer; thyroid, Clark; legal medicine, Draper; demography, Levison; bacteriology, Ernst and Jackson; general therapy, Griffith and Cerna; experimental therapy, Hare and Cerna; electro-therapy, Rockwell; gynecic electro-therapy, Apostoli and Grand; climatology and water, Birch and Daniels; hygiene and epidemiology, Wyman and Banks; teratology, Suduth; anatomy, Poirier; and physiology, Howell.

In such good hands, the Annual has grown to be a work indispensable to the practising physician, giving in each issue the cream of the medical literature of the preceding year. We are pleased to learn that the work is appreciated at its true value by many thousands of subscribers. W. F. W.

The Bulletin of the Harvard Medical Alumni Association with a report of the third Annual meeting held in Boston, June 27th, 1893, has been received.

MEDICAL REPORT OF THE PHILADELPHIA DISPENSARY FOR SKIN DISEASES. By the attending physician, H. W. Stelwagon, M. D.

The above we have recently received, which is a valuable report, amply illustrated by photo-plates, and covering a period of ten years. During that time 4200 cases have been treated giving ample material for a full and valuable report of skin diseases.

SCIATIC NEURITIS: ITS PATHOLOGY AND TREATMENT. By Robert Simpson, L. R. C. P., L. R. C. S., John Wright & Co., Bristol, Eng. Pub.

This little monograph of 46 pages, is very neatly published, much better than most English books that come to America.

It treats of the use of massage and

rest, as a therapeutic agent in the management sciatic neuritis, in a thorough and clear, but condensed manner. The author is certainly deserving of success not only for his excellent article, but the elegant manner in which he has brought it before the public.

A NEW ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY, AND COLLATERAL SCIENCES. By George M. Gould A. M., M. D., Phila., Pa., P. Blakiston, Son & Co., Phila., Pa., publishers.

The well-known editor of the *Medical News* and of two small Medical Dictionaries has about ready an unabridged exhaustive work of the same class. It will contain a large number of fine illustrations, tabulated matter, and the latest method of spelling certain terms as adopted by various scientific authorities. It is a new work rather than a revision of former dictionaries.

WEEKLY REPORT OF INTERMENTS.

Philadelphia, October 2, 1893.

Deaths and interments in the City of Philadelphia, from the 23d to the 30th of September, 1893.

CAUSES OF DEATH	Adults	Minors	CAUSES OF DEATH	Adults	Minors
Alcoholism.....	1		Fever, Scarlet.....		3
Apoplexy.....	16		Typhoid.....	9	2
Asphyxia.....		1	Gall Stone.....	1	
Anæmia.....	1		Gangrene.....	1	
Bright's Disease.....	12		Hemorrhage.....	1	
Cancer.....	10		Homicide.....	2	
Casualties.....	9	3	Inanition.....		20
Cerebro-Spinal Meningitis.....		1	Infam'n Brain.....	2	4
Congestion of the Brain.....		2	Bronchi.....	3	5
Congestion of the Lungs.....	2	3	Kidneys.....	2	1
Cholera Infantum.....		20	Larynx.....	2	
Morbus.....	1		Heart.....		1
Cirrhosis of the Liver.....	4		Lungs.....	4	4
Consumption of the Lungs.....	37	3	Perito'm.....	3	1
Consumption of the Throat.....	1		Sto. & Bls.....	3	8
Convulsions.....	7		Spine.....		1
Puerperal.....	1		Insanity.....	2	
Croup, Membranous.....	4		Marasmus.....		23
Croup.....	1		Obstruction of the Bowels.....	2	
Cyanosis.....	2		Old Age.....	6	
Debility.....	1		Purpura Hemorrhagica.....		1
Diarrhœa.....	2		Paralysis.....	2	
Diphtheria.....	1	9	Rheumatism.....	1	2
Disease of the Heart.....	24	3	Septicæmia.....	1	
Disease of the Liver.....	1		Suicide.....	1	
Drowned.....	1		Teet'ing.....		2
Dropsy.....	1	1	Tetanus.....		1
Dysentery.....	2		Tumor.....	1	
Epilepsy.....	1		Uræmia.....	4	
Fatty Degeneration of Heart.....	1		Whooping Cough.....		8
			Total.....	183	149

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

FECAL IMPACTION.

AS you have kindly helped others in time of need, I would be glad to have your assistance in the following case. I will try and state it plainly enough for you to make a diagnosis; Mrs. —, of German descent, fifty-five years old, the mother of two children, medium in size, complexion dark.

About ten years ago, she had typhoid fever, and each summer following she has had an attack of cholera morbus, and sometimes dysentery; usually regaining strength slowly.

The present illness dates from June 8, 1893. When called, I found her complaining of irritable stomach, cramps in the arms, legs and bowels, stools tinged with blood, and cold extremities.

I treated her as I had on former occasions, applying mustard plasters to the extremities, and gave morphine $\frac{1}{8}$ grains, and atropine $\frac{1}{160}$ grains, hypodermically. I left $\frac{1}{100}$ gr. arsenite of copper in four ounces of water, directing one teaspoonful every hour.

June 9th, patient restless, no sleep during previous night, bowels checked, sick stomach, pulse 90, intermittent, temperature 94° F., respiration 30, tenderness over the bowels. After consultation with a neighboring physician the decision was that the patient was suffering from an accumulation of hardened feces (why, we thought so, she was subject to constipation.) The treatment decided upon was as follows: calomel two grains, soda four grains in four powders, one to be given every two hours: also we gave soap-water injections every three hours.

The bowels moved several times in a few hours following this treatment. We then gave an emulsion composed of castor oil and turpentine; also, we applied turpentine stupes over the bowels. The four days following, she made very little improvement, then she began to complain of tenderness over the stomach, the tenderness of the bowels subsiding, also, tenderness over the entire spine, headache. Then blisters were applied and to the stomach and spine; we gave strychnine, $\frac{1}{40}$ grain every three hours, also gave bromide of potassium one drachm per rectum every three hours. She seemed to improve a little on this treatment. The blisters were repeated. Since that, at times there has been improvement; with several relapses. At this time she is able to be around in her room, but still complains of some tenderness over the stomach and spine. Her appetite is poor; what food is taken causes distress. We have given her every thing we thought would benefit her condition, without much improvement. We have given cannabis indica, arsenic, strychnine, the preparations of pepsine, hydrochloric acid, columbo, gentian, and the various preparations of calisaya. During the entire time her temperature never was above normal.

Now doctor, if you can tell us what is the matter with our patient, and what to do for her. I will be under many obligations to you.

C. L. L.

[It seems to me that this patient had an enteritis due to impaction of feces. The treatment should consist of enemas of hot water, twice daily, till all dark matter has been removed: while morphine should be given for pain with very small doses of rhubarb ipecac, and calomel; counter-irritation, rest in bed, abdominal massage with hot camphor liniment and pre-digested, albuminous food only. The headache and spinal tenderness were doubtless due to ptomaine poisoning and called for intestinal antiseptics. I think her bowels are not yet completely emptied. Cathartics are dangerous.

—W. F. W.]

UNUNITED FRACTURE OF THE FEMUR.

I HAVE a case of fracture of the femur at the lower third. It has been in the care of another doctor, who failed to get the bones to unite in some ten weeks. Now can this be attended to in warm weather without great trouble? Is it

best to use bone-nippers or to saw off the ends of the bones? Where is it best to cut down, in front or, at the side of the thigh, to reach the bones? The extension and counter-extension is a weight to foot or splint? Do you wire the ends of the bones or trust to bandages? Is there any great danger in this operation? How far from the ends of the bones would you use the saw? The position of the leg, how would you leave the limbs? Would you put up the limb at once, or use rubbing the ends, letting him walk around to bring on inflammation? Is it hard to get the bones to unite after so long a time? The patient is about fifty years old and rather feeble.

[Your case of ununited, rather *retarded*, fracture of the femur, belongs to a common class. If your patient has no overriding of the fragments, or this is but slight, then simply apply a pair of comfortably moulded, padded leather splints, extending from the knee-joint upward. Get your man up on crutches and keep him moving. Apply friction, massage and stimulating lotions over the seat of fracture. Do not despair you will get union. Your man must have good food, plenty to eat, fresh air, and moderate exercise. An operation on ununited fracture of the femur is always attended with great danger to life, or serious loss of functional power in the limb. Rubbing the fragments may do some good; certainly no harm.

Yes, your subject is a bad one; old and broken down in health. By patient, intelligently directed effort your patient may and will secure a fairly useful limb. In any event osteogenetic repair will cover a long time.—T. H. MANLEY.]

THE SPHYGMOGRAPH.

IN your next issue I shall be very much obliged if you will record the the composition and strength of the preparation used for "fixing" the sphygmograph tracing as made on the smoked paper.

LOGAN RUSSELL, M. D., R. C. S.

SPANISH TOWN, JAMAICA.

[To make smoked paper for sphygmographic tracings take pieces of card-board, of the requisite size, and hold them over the smoke of burning camphor. To "fix" the tracings on the smoked paper, use a special prepared fluid termed "Fixatif" which is blown on tracing with an atomizer designed expressly for the purpose. Wm. SNOWDEN.]

THE AMICK BUSINESS.

I WOULD like to know something about Dr. Amick of Cincinnati, and his "cure." Is he a quack, using this for

his own benefit alone, or is he at work scientifically to discover the remedy for this almost hopeless disease? From what I have learned I am inclined to think he belongs to the former class.

Any information on this subject will be very gratefully received, and a note in the TIMES AND REGISTER may reach others who care to know.

C. A. D.

MINNEAPOLIS, MINN.

[Dr. Amick is operating his alleged system as a secret; following the methods of the quack. From the similarity of language, and because he followed shade closely in publication. I think he has simply borrowed the latter's idea, and is working it for cash.—W. F. W.]

OPENING OF THE MEDICO-CHIRURGICAL COLLEGE

ON Wednesday night, October 4th, the formal opening of the session of 1893-4 took place in the lecture hall of the Medico-Chirurgical College Philadelphia, after a few opening remarks by the dean, Prof. Ernest Laplace, the orator of the evening, Prof. W. Frank Haehnlen, was introduced. The drift of his discourse was upon the excellence and high-standing of the medical professions, and of advisory character to the new matriculants just entering upon their medical studies. He was followed in turn by short speeches from members of the faculty.

The opening exercises of the 1893-4 session of the Philadelphia Dental School was held Tuesday evening, October 3d, a large number attended and the manifest interest was great. The union of this school with the Medico-Chirurgical College is of evident advantages to both, and the trustees are fortunate in having so magnificent a sum, to apply to the Hospital, from the State treasury.

Dr. W. F. Hutchinson, of Providence, R. I., and one of the members of the editorial staff of the TIMES AND REGISTER, has been elected Professor of Electro-therapeutics in Tufts College Medical School.

The skull of the Sophocles is said to have been found by antiquity hunters in Greece, and it is proposed to lend it to Virchow for examination.

The Medical Digest.

RETENTION OF VITALITY OF CHOLERA GERMS IN ICE.

Koch has drawn attention to the fact that the vitality of disease germs in nature differs from that in the laboratory and cites as one instance the fact that cholera germs die in the laboratory wherever putrefaction is going on in their presence, while they have been found to live in privy vaults for months. Disease germs in general die in pure running water, but in water as found in nature they may be attached to small particles of vegetable matter, while otherwise, the water may be pure in a sanitary sense. The cholera bacilli are known to be very sensitive to cold, yet epidemics of cholera have occurred in the severest winters. This was the case last year in Nietleben, near Halle, Germany, where Koch had traced cholera cases to the use of ice and in consequence, of this fact Prof. Renk, of Halle has recently made researches with a view of ascertaining the capability of cholera bacilli of living in ice. The conclusions drawn from these researches, which have been published in the *Fortschritte der Medizin*, are that in ice cholera bacilli are not capable of multiplying after the eighth day. Judging from analogy it will be impossible to say at present whether the same behavior of the germs prevails in nature.

—*Medical Review.*

ARTESIAN-WELL WATER AN ALLEGED CAUSE OF FEVER.

Four fatal cases of typhoid fever have been reported at Patterson, New Jersey, as due to the above-named cause. Forty cases of the fever are said to have occurred in about a month in a limited district of that city where the supply is drawn largely from two artesian wells. In a single block of that district fourteen cases have arisen. The inculpatated water has been examined by the State Chemist, Dr. Wallace, and found to be heavily charged with impurities.

—*N. Y. Medical Journal.*

ON ANTISEPSIS OF THE INTESTINE.

The antiseptics of the intestinal canal is such an important problem that every communication on this subject has its value for every practitioner. Dr. F. Kuhn, at the clinique of Prof Rieger (Giessen), tested the benzonaphthol which had been recommended of late. As a test, the reaction of indican in the urine was used (a few ccm. of the urine are treated with an equal quantity of hydrochloric acid, and, drop by drop, a solution of some hypochlorite is added by means of a glass pipette, and shaken up with the fluid; too much hypochlorite would bleach the indigo-blue). A miner who had had subacute intestinal catarrh for six months, with frequent diarrhea and excessive gaseous decomposition, did not show any improvement under the use of the drug mentioned, whereas calomel followed by salicylate of bismuth made the indican disappear and cured the patient. In other cases too, benzonaphthol was a failure.

It would be great interest to the reader of this journal, if the test mentioned would be applied to the use of the sulpho-carbolate of zinc, as, no doubt, strong evidence in favor of this salt could be obtained which would speak for its usefulness with nearly mathematical accuracy. Results of careful observation would certainly be welcome documents.—*Deutsche Med. Zeitung.*

DIPHThERIA TREATED WITH INSUFFLATIONS OF NATRIUM SOZOJODOLICUM.

Dr. Schwarz has treated seventy cases of diphtheria with natrium sozodolicum, forty-six of which in the hospital. He used insufflation of the powder, in children up to three years, three parts to twelve parts of flores sulfuris, up to five years equal parts of the drug and of sulfur, and in older children pure. He lost only five cases. Even where the nose and pharynx were not affected he applied the powder to those places as they are most exposed to spreading of the disease. The drug is vaunted as a specific; for how long, that is a great question.—*Fortschritte d. Medizini and Troy Med. W.*, 1893.

SOMETHING NEW ABOUT SCIATICA.

A newspaper with a weakness for medical items published the following remarkable statement in a recent cable dispatch regarding the illness of Prince Bismarck: "The sciatica has now reached his arms and prevents him from using his hands, so that it is necessary for his attendants to feed him."

—*N. Y. Medical Journal.*

ACUTE NEPHRITIS AFTER VACCINATION.

Perl (*Berliner klin. Wochenscr.*, No. 28, 1893, p. 674) has reported the case of a child, two and three-quarter years old, which was vaccinated for the first time. The child had been rachitic, slow in learning to walk, and had suffered a great deal with eczema, but at the time of the operation it was in perfect health and well nourished. Four days later the little one became restless, complaining of pains in the abdomen and back and appearing feverish. On the following day vesicles were visible at the site of vaccination. It was also noticed that the urine was scanty, turbid brownish, and deposited a heavy sediment. On examination, its specific gravity was found in be 1016, and albumin in the proportion of 1-2 per cent. was detected, together with blood coloring matter. Microscopic examination disclosed the presence of red and colorless blood-corpuscles and numerous hyaline, epithelial, and blood tube-casts. With rest in bed and a milk diet these manifestations disappeared in the course of a week, and the child recovered perfectly. The vaccination pursued its usual course. Three other children that were vaccinated at the same time presented no abnormal manifestations.

OBITUARY.

The death of Dr. William B. Towles, of Charlotte, Va., professor of anatomy in the University of Virginia and in the University of Vermont, took place on Monday, September 18th. Professor Towles was one of the most popular and effective lecturers on anatomy in the country. He was fifty-three years old.

The death of Dr. Daniel J. MacGowan of Wenchow, China, at the age of seventy-eight years, removes the oldest American resident in that country. He was a native of Massachusetts, the son of North of Ireland immigrants. Fifty years ago he went out as a pioneer medical missionary of the Baptist Southern societies. In later years he accepted a position as medical officer to the British customs service at Wenchow. He also journeyed considerably for the two years last past in Japan, Siberia and Manchuria, a task apparently too great for his declining years. He was an alumnus, of the class of 1840, of the College of Physicians and Surgeons.

The death of Dr. William T. White, at the age of sixty-four, took place on Sunday, the 17th inst. He was a graduate of the New York Medical College, of the class of 1858. For several years he was in the medical service of the Panama Railroad. At the time of his death, and for many years before, he was the editor of the *Medical Register of New York, New Jersey and Connecticut.*

Dr. Severin Wielobycki, died September 7, 1893, at his residence in St. John's Wood, London; aged 100 years, eight months.

John M. Maisch, Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy, died September 11th, 1893.

Prescriptions.

A few preparations of value with hypophosphites:

GLYCERINUM HYPOPHOSPHITUM.

- R Calcii hypophosphites, . . . grs. 384.
 Sodii hypophosphites, . . .
 Potass. hypophosphites, . aa grs. 256.
 Aquæ fervens, $\frac{3}{4}$ vi.
 Aquæ aurantii floris, $\frac{3}{4}$ i.
 Oleum amygdaleamaris, . m. 2.—M.
 Glycerini, . . . q. s. ad. ft. $\frac{3}{4}$ xvi.

Dissolve salts in boiling water, filter and add the other ingredients.

Each fluid drachm contains 3 grs. H. C., and 2 grs. each of H. S. and H. P.

SYR. CALCIUM HYPOPHOS.

R Calci hypophosphites, . . grs. 128.
 Aquæ destilatæ, $\frac{3}{4}$ viij.
 Sugar, $\frac{3}{4}$ xij.
 Dissolve H. C. in aquæ, filter and dissolve sugar
 by percolation.
 Each fluid drachm contains 1 gr. H. C.

SYR. SODIUM HYPOPHOS.

R Sodii hypophosphites, . . . grs. 128.
 Aquæ destilatæ, $\frac{3}{4}$ iij.
 Dissolve, filter and wash with one drachm of
 aquæ destil. and add sufficient syr. simpl. to make
 one pint.
 Each fluid drachm contains 1 gr. H. S.

SOL. HYPOPHOSPHITES (ACID.)

R Calci hypophosphites, . . grs. 256,
 Sodii hypophosphites,
 Potassii hypophosphites, . aa grs. 128.
 Quinæ hypophosphites,
 Manganæ hypophosphites, aa grs. 32.
 Ferri hypophosphites, . . . grs. 64.
 Strychniæ hypophosphites, . . gr. 1.
 Glycerini, $\frac{3}{4}$ xij.
 Sol. acid. hypophosphites, . $\frac{3}{4}$ iv.
 Aquæ, qs. ad. $\frac{3}{4}$ xvi.
 M. Sec. art.

—*R. I. Med. Science Monthly.*

COUGH MIXTURE.

R Syrup tolu,
 Syrup wild cherry,
 Tincture hyoscyamus,
 Hoffman's anodyne,
 Water, equal parts,
 Dose—One teaspoonful every three hours.

FOR COUGH.

R Antikamnia, $\frac{3}{4}$ i.
 Salol,
 Quin. sulph, aa grs. xx.
 Spts. frumenti, $\frac{3}{4}$ iii.
 Syr. tolutan, $\frac{3}{4}$ i.
 Syr. simplex, q. s. $\frac{3}{4}$ vi.
 M. Sig.—One teaspoonful every hour until
 cough is relieved.

—*Am. Gynecol. Journal.*

MIXTURE FOR EARACHE FROM INFLAM-
MATION.

R Menthol pulveri, . . } aa gram. 1.25
 Camph. pulveri, . . }
 Vaseline liquid, 30.
 M. S.—Drop into the ear many times a day.
 —*Revue de Laryngol., d' Otolog. et Rhin-
 olog.* No 18.

THE USE OF MENTHOL IN PRURIGO

Colombini (*L'Union Médicale*) pub-
 lishes forty-four cases of pruriginous
 dermatitis treated with menthol accord-
 ing to the method of Dubrueilth and
 Archambault. The cases may be divided
 into three classes:

1. Those in which an inflammation of
 the skin, accompanied by an eruption,
 produces itching; as, for example, eczema.
2. Those conditions of the skin in
 which the itching is the chief symptom,
 without any visible symptoms; or, in
 other words, nervous pruritus.
3. And, finally, in those cases in which
 eruptions having appeared, and been
 scratched, the disease is produced by the
 friction which is applied.

For these cases the following prescrip-
 tions are given.

R Menthol, grs. lxxx to clx.
 Alcohol, $\frac{3}{4}$ iiiss.

Or :

R Menthol, grs. clx.
 Oil of sweet almonds, $\frac{3}{4}$ iiiss.

Or, again, an ointment consisting of:

R Oxide of zinc, } aa 3 viss.
 Powdered starch, }
 Menthol, grs. vii to xlv.
 Vaseline, $\frac{3}{4}$ ii.

Or, finally :

R Oxide of zinc, } aa 3 iii.
 Sub. of bismuth, }
 Menthol, grs. xv to xlv.
 Powdered starch, $\frac{3}{4}$ i.

The results which he obtained have
 been excellent in the first class, variable
 in the second class, and very good in the
 third class.

THOMPSON'S MALTED BEEF.

A perfect Liquid Food and Nutritive Tonic, made by a combination of a Superior Malt Extract with a Pure Pep-
 tonized Extract of Beef. Unsurpassed in cases of Mal-Nutrition, Dyspepsia, Wasting and Debilitating Diseases or Con-
 vulsions. Both preparations are endorsed by Physicians.

THOMPSON'S MALTED HOP TONIC.

A PURE Extract of Malt and Hops. Superior to the imported. It is a PERFECT TONIC.

C. F. THOMPSON, Sole Propr. and Mfrg., 146 and 148 S. Water Street, Philadelphia.

For Sale by all Druggists.

The Times and Register.

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Clinical Memoranda.

A CASE OF INTESTINAL OBSTRUCTION.*

By A. E. AUSTIN, M. D.

Professor of Medical Chemistry in the Tufts College Medical School, Boston, Mass.

THE case which I am about to describe was that of a woman 69 years of age, who had several attacks of epigastric pain, very severe in nature, relieved only by hypodermics of morphia, and usually accompanied by excessive vomiting. The attacks had been diagnosed by a former physician as bilious colic, and had usually been accompanied by slight jaundice. About six months before the present illness the patient had had what was called typhoid fever, followed three weeks after recovery, by a relapse, which lasted about two weeks. After this the woman had improved slowly, but had had a persistent diarrhea amounting to three or four movements daily.

The present illness began with severe pain localized chiefly about the umbilicus

and spasmodic in its nature. There was persistent nausea, not associated with taking of food, and constant vomiting; first of contents of stomach, then bile, lastly of a grumous looking substance with a very offensive odor.

The tongue was slightly coated, with a white fur. The face was drawn and pinched, while the skin and conjunctivæ had a pale lemon tinge. There was obstinate constipation, unrelieved by large amounts of rochelle salts, and large injections of water under pressure from a fountain syringe. A large rectal tube was also inserted, and air and oil were forced in with a force pump, but nothing was of avail. The abdomen was somewhat distended and tympanitic, but there was no tenderness, and flatus was passed per anus. The rumbling of the bowels could also be readily heard, and the rolling of intestines seen. The colon only moderately full could be rolled beneath the fingers. No tumor could be felt. There was no hernia, and nothing could be felt by the finger in the rectum.

The temperature varied from 99 to 100 with pulse of about 100. Urine was normal except in color. The case was

*Read before the Norfolk District Medical Society.

seen on the third day by Dr. Benj. Cushing of Dorchester, who advised against surgical interference, very fortunately as was afterward shown. During the following fourteen days vomiting, nausea and abdominal pain were persistent. There was no movement of the bowels though every effort was made to secure a movement. Distension varied from day to day and flatus was always passed by anus. Pulse became hurried and weak, temperature gradually rose, emaciation and exhaustion were great. The stomach became somewhat more tolerant so that small quantities of liquid food could be retained. Mind remained perfectly clear until toward the last. Three days before death, which occurred on the twenty-third day of the illness, the urine became smoky in color, very small in amount, contained one-half per cent. albumen, with epithelial and brown granular casts. The woman became drowsy. The night before death there were stools of "tarry" material, as described by the nurse. This may have been due to bovine which had been used for nourishing enemata. The patient died, comatose, on the twenty-third day.

Here was a case which presented almost all the symptoms of intestinal obstruction and the only question seemed to be as to its cause. Inter susception was excluded on account of woman's age, no tumor and no operations. Twists were negatived by the passage of flatus, showing the obstruction was not complete, and by the absence of hiccough and peritonitis. False bands producing internal hernia, for the same reasons were excluded. Appendicitis was thought of, but there was no pain or tenderness in that locality, nor any evidence of a tumor. We were left, then, between the probable diagnosis of a fecal impaction, probably containing gall-stones, or of cancerous disease of the colon, with sudden complete obstruction; for Hutchinson says, "When an elderly person becomes the subject of sudden bowel obstruction, the diagnosis rests between impaction of intestinal contents and malignant disease." But, alas for the frailty of human knowledge! the autopsy performed by Dr. Delano, fourteen hours after death showed the following conditions:

On opening the abdomen nothing unusual was observed about the relative position of the viscera, or proportions of intestine. No unusual distention, and no fluid in peritoneal cavity was found. The peritoneal surface was rather dry, and in one or two portions over the intestine quite dull, but no fibrin was present.

The right lower border of the omentum was adherent to the fundus of the gall bladder, by an old and firm adhesion in which a calcified nodule the size of a cherry was imbedded. Externally the color of the intestines was a uniform dark red. On opening the gastro-intestinal tract the stomach was empty and not unusual in appearance. The contents of the small intestines were thick fluid, small in amount, and consisted of lees of deep wine color. The large intestine contained denser fecal matter with less color. The rectum and sigmoid flexure contained pale yellow fecal matter. In the jejunum the mucous membrane was swollen and red, particularly the folds of the valvulæ conniventes the free edges of which had the appearance as if sprinkled with snuff. The appearances were intensified in the ileum where, in addition, snuff-colored patches were observed together with some superficial losses of substance, and in the lower ileum two or three Peyer's patches were so swollen as to be raised from the surface and present a worm-eaten, dull grey appearance.

In the upper, large intestine somewhat the same appearances were noticed, with an intesity diminishing from above downward, from about the commencement of the sigmoid flexure down to the anus. The intestine was of normal color and appearance. The cystic duct was obliterated, except in its upper part, where it was dilated by a conical shaped gallstone, lying partly in the gall-bladder, about the size and shape of a large ear speculum. The gall bladder contained two other smaller stones, and some fluid, slight in amount and semi-purulent; the walls were thickened, the cavity was contracted, and the mucous smooth.

The liver was diminished one third in size, otherwise not unusual. The spleen was about one half the usual size. The kidneys were somewhat yellow in

color (diffuse) but the regions were well preserved, and the relations as usual.

Diagnosis: Obliteration of cystic duct: Gall stones: Senile atrophy of liver and spleen: Slight degree of fatty infiltration of kidney: Probable embolism of mesenteric artery.

We are still to find an adequate cause for the obstruction, unless we consider the possibility of a twist existing and giving way just before death. "There is no cause of acute occlusion of intestine," writes Leichtenstern, "which cannot spontaneously disappear as well as originate. An intestinal knot can loose itself, an incarcerated or strangulated loop can become free; an invagination can become disengaged; compression cease, twisting or dislocation of the intestine, with angular bend can straighten itself; a lodged gall, or intestinal stone, or foreign body may be dislodged and evacuated, and severe fecal obstruction can be overcome." W. B. Hadden also reports three cases, in the International Clinics, in which the symptoms during life were those of acute intestinal obstruction, but in which, at autopsy, no cause was found. Hunter McGuire says, "Many chronic diseases leave the bowels in a sluggish condition by the pathological changes produced in the intestines. Occlusion of the canal from this cause may last for days and be accompanied with tympanitis, stercoraceous vomiting and all the signs of intestinal strangulation ending in death. Post mortem examination in such a case shows no stricture or unnatural diminution in the size of the canal, but that the fatal occlusion was due to paralysis of muscular coat of the canal and arrest of its powers."

We must not lose sight of the fact that we may have had an embolism in one of the terminals of the mesenteric artery which, by its lack of collateral circulation, would have cut off the supply of blood to that portion of the intestine, showing evidence of venous stasis, thereby paralyzing its action. This was not carefully looked for at the post-mortem, but is an adequate cause, so Dr. Fitz says, for complete intestinal obstruction.

THREE CASES OF CÆSAREAN SECTION.

By S. STARK, M. D., AND GUSTAVE ZINCKE, M. D.,
Cincinnati, Ohio.

Dr. Stark's report:—The patient was a woman about 42 years of age, German, who had given birth to two children, the last about fifteen years ago. Five years ago she was remarried, and two years later conceived. She was delivered, by means of the forceps, of a mutilated child. She then conceived again, and I was called in to see her at the time of her last labor. Labor set in about 8 p.m. December 2nd, and she summoned a midwife. The midwife remained with her all night, but no progress took place, and about 8 o'clock in the morning Dr. Krouse was sent for. He found the os dilated and above the brim of the pelvis, as was also the child. I was then telephoned for, and on my arrival I found the membranes presenting at the vulva, forming a large bag of water. During my first examination, a contraction set in, the membranes were ruptured and at once there was a prolapse of the cord. I then discovered that there was an obstruction at the brim of the pelvis, in the nature of an osseous tumor, springing from the sacrum. It was a globular tumor, and almost completely obstructed the brim. There was only sufficient space for the introduction of two fingers and their slight separation. In stating my opinion of the case to the family, I told them I did not think the woman could be delivered of even a mutilated child, and that symphyseotomy was out of the question, and suggested cæsarean section, to which they at first strongly objected, but to which they finally gave their consent. I advised taking her to the hospital, but this they would not consent to. They were a poor family, occupying but two rooms, and the hygienic surroundings were anything but desirable. I then sent for Dr. Zinke and Dr. Jos. Marcus, and the operation was performed.

The incision into the uterus was made without eversion of the organ. There was hardly any hemorrhage at the time, and no necessity for applying a rubber band about the neck of the uterus. There was probably not more than half

an ounce of blood lost. The placenta and child were easily extracted. Labor had existed so long that we thought we would find a very thin uterine wall, but it was quite thick. Subsequently I sewed up the uterus with a continuous silk suture, and then its peritoneal covering was sewed with a Lambert suture, and the abdominal cavity was closed by means of the interrupted silk suture. Prior to the operation her temperature was 101° , and the pulse rapid. In the evening of the day of the operation her temperature had gone down to normal, although the pulse was rather rapid, and on the following day the temperature remained normal and the pulse decreased in frequency. On the third day, however, there was a rising temperature. Immediately after the operation there was marked tympanitis, which worried Dr. Krouse and myself for a number of days, until she finally told us she paid no attention to the size of her abdomen for it was always that way. It therefore appeared that I had been worrying about the distention of her intestines without cause. The temperature remained high on the third and fourth days, and on the fifth day we secured a very copious movement of the bowels—although attempts had been made to secure this before—and the temperature then became normal and the pulse 104 . She was in a good condition on the fifth and sixth days, and on the eighth day she sat up in bed and held herself. I saw her at 4 o'clock on the evening of the eighth day, and the temperature then was 94° . I was invited out to dinner that evening, and while at the table received a telephone message, stating she had suddenly gone into collapse. The following day she died. Her temperature that evening went down to 97° , and the next morning it was 96° . The child did nicely.

DR. HERZBERG.

A few points as to Cæsarean section in general. It seems to me that the suture of the uterus is superfluous, for the contraction of the uterus itself is so thorough and complete that the edges of the uterine wound are approximated and there is no need of taking up the time, or increasing the possibilities of infecting the peritoneum by introducing a

suture. I say the possibilities of infecting the peritoneum for the reason that you establish a drainage toward the peritoneum by means of the suture, and it certainly is best not introduced. The peritoneal suture should be introduced because it closes off the uterine wound from the peritoneal cavity. The question of puncturing the membranes prior to the removal of the child is also one that ought to be considered. I think it is a good plan, and it would be wise to puncture them per vagina, prior to the uterine incision, and let the water pass off in this way, for by this means you would do away with needless possible contamination of the peritoneal cavity. The best position for the patient to occupy during Cæsarean section is one of interest. At present most abdominal surgeons perform laparotomy with the patient in the Trendelenberg posture, but to my knowledge this position has not been adopted in the operation of Cæsarean section, and I think in this operation in particular, it is a good position to assume for the reason that you so conveniently expose the uterus, and the blood from the wound does not enter the abdominal cavity, but immediately gravitates out of your way and allows you so much more readily to finish the operation.

DR. ZINCKE'S CASES:

The three cases of Cæsarean section which I have seen are as follows: The first case was in a tenement house, on Buckeye street, in a dark, dirty, dreary room with a very low ceiling, and only one window, and containing the bed, cooking stove, wash tubs and everything necessary to maintain life in such an abode. The out-houses faced the window, and the hygienic surroundings were indeed very bad. The patient had been in labor forty-eight hours, and when I was finally called I found the soft parts were already in a gangrenous state. I operated under the most unfavorable conditions, and the child was born alive but the mother died ten days afterward of sepsis.

The second case was the one reported by Dr. Stark, in which I assisted.

The last case I had control of two months previous to the operation, and it

was a perfect success. In this case I followed strictly the Sanger method. I had first decided upon symphyseotomy, but when labor set in the membranes ruptured suddenly, and after waiting twenty-four hours dilatation of the cervix did not take place, and with the counsel of Drs. Palmer, Koehler and Hoppe, it was decided to perform Cæsarean section because of cicatricial contraction, which prevented a dilatation of the cervix. Prior to the operation the cervix was dilated with a uterine dilator sufficient to admit a finger. The operation was performed between 10 and 12 P. M. in an operating room not prepared for work at that time of the day, and by light obtained from coal oil lamps; but everything was done to make the operation as aseptic as possible. The abdominal stitches were removed at the end of the sixth day, and there was the formation of one stitch-hole abscess. The uterus contained eight or ten deep sutures and twelve superficial sutures. But for the presence of incipient pithisis in the individual, we probably would not have had a rising temperature and also a diarrhea, which menaced the favorable progress of the case.

I cannot exactly understand for what reasons the Porro operation should take the place of the Cæsarean section under ordinary circumstances. I believe that Porro's operation is indicated under certain circumstances, but rarely so. It is performed simply and solely to prevent future pregnancies, and this result can be readily obtained by tying off the fallopian tubes. This certainly does not prolong the operation, and the ovaries are left intact. I think the point is well taken in reference to the rupture of the membranes prior to the operation, although in none of the cases which I have attended have we experienced any trouble with the amniotic fluid. I do not think it is worth while to place the patient in Trendelenburg's position, for it would rather cause the fluid from the upper angle of the wound to enter the cavity. There is no danger of the fluid entering the abdominal cavity with the patient in the ordinary position. If the fluid is out of the way and the os sufficiently dilated to give access to the lochial discharges, I think this position

might be of advantage. The hemorrhage from the uterine wound is not as serious as one might suppose it to be in cases of this kind. In none of the cases have I seen threatening hemorrhage, and the amount of bleeding was very slight. In the case reported by Dr. Stark, indeed, I think he exaggerates when he says half an ounce, for we did not have to do any sponging whatever. The placenta was in front, attached to the anterior abdominal wall. The incision was carefully made through the uterine structure alone, and as the uterus contracted the placenta was crowded into the wound and was expelled without the loss of any blood. After the placenta was delivered, the child was delivered equally readily by the breech. The operation is formidable in appearance, but if one is acquainted with the procedure, and operates under favorable circumstances, there is little danger of losing the patient.

I, for my part, reprehend very much the abandonment of the uterine suture simply and solely for the little time we gain in consequence, and I think the fear of contamination of the deep sutures, as expressed by the latter speaker, is certainly unfounded, as is proven by the results obtained by Leopold, who operates according to the rules laid down by Sanger. If we take into consideration the many cases that may not come under observation early enough, and those that have been damaged, either by long delay in labor or to which the forceps have been applied repeatedly and the soft parts ripped and torn, and where sepsis possibly has already set in. I do not see how we can improve upon the method of Sanger. I will not deny that the deep sutures can be abandoned, but I doubt very seriously whether we are justified in doing so by the light of the present results, which we can scarcely expect to be improved upon. It is a grave question to me whether we should subject our patients to this risk, and I for my part would be loath to give up the deep suture and content myself with the peritoneal suture alone. We do no harm by introducing the deep suture, and it certainly furnishes a degree of safety which cannot be obtained in any other way.

Original Article.

MENTAL DISORDERS FOLLOWING ACUTE FEBRILE CONDITIONS.

By J. A. HOUSTON, M. D.

[Physician to the Northampton Lunatic Hospital.]
NORTHAMPTON, MASS.

THE subject of post-febrile insanities is presented, because such cases are more liable to have been for some time under the care of the physician who certifies to the need of hospital treatment, than are many of the hospital cases.

From a table of causes of insanity, based upon 136,000 admissions to English Hospitals, for ten years 1880-89, it appears that twenty-five per cent. were from mental causes, such as worry, grief, excitement, fear, domestic trouble, shame, etc.; about twenty per cent. from unknown causes, and the remainder from physical causes, including twenty per cent. having hereditary tendencies, and fourteen per cent. from intemperance.

I have carefully examined the reports for the last three years of the hospitals in this state which admit acute cases, and find similar results. The cases from physical causes far out-number those from mental causes.

The number of admissions was 5331, of which 533 resulted from mental causes, exactly ten per cent., while sixty per cent. were from physical causes. These included 12.5 per cent. from intemperance, and about ten per cent. having hereditary tendencies. I think the latter class form a considerably greater percentage than is indicated, for in many cases it is impossible to get any family history.

A sound body does not conduce to a disordered mind and, conversely, physical disorder tends to disturb the mental equipoise. It seems but a difference in degree between the dulling of the perception, the unbalancing of the emotions, and the loss of control of the will, which characterize many cases of insanity, and the lack of judgment, the irritableness and the apprehensiveness which you daily observe in patients whose sanity is not questioned.

Of the insanities which arise from

physical causes a small proportion follow as a direct result some of the acute fevers and more especially the acute infectious fevers. There is frequently delirium accompanying fevers which is temporary, pass with the subsidence of the fever, and is not to be properly considered a psychosis.

When we consider the susceptibility of the brain to certain agents which temporarily excite and stimulate, or depress and suspend its functions, such as stimulants sedatives and narcotics, when we observe the effect of fright, or of shock, or of sudden anemia, produced by a profuse hemorrhage, we can readily conceive why a fever with its disturbances of cerebral circulation, by the accompanying disordered nutrition of nerve cells, or by toxic matter which some fevers generate some *materies morbi*, should induce mental instability occasionally, especially in cases predisposed by heredity or otherwise.

Though, the relation of high temperature to delirium is unknown, yet the fact has been proved by physiological experiments that hyperpyrexia constitutes an irritant to nerve tissue, and clinically it may cause delirium, as in heat stroke, or in pneumonia with sudden elevation of temperature, etc.

Cerebral hyperemia induced by increased action of the heart is evidenced by restlessness, headache, sleeplessness, intolerance of light and sound, etc.

Cerebral anemia brought about in fevers by a sudden failure of the heart's action, produces decided effects on the brain, as shown by dizziness, confusion or condition approaching coma.

There is evidence that cerebral exhaustion may be produced by direct excitation from peripheral irritation, as pain for instance.

During the course of many fevers a toxic matter is formed which produces marked and characteristic effects on the nerve centers.

The fevers most commonly followed by insanities are the acute infectious fevers—exanthemata, typhoid, pneumonia, erysipelas and acute rheumatism—and of these, typhoid probably heads the list. Of thirty cases of post febrile insanity in Mass. hospitals within the past three years (excluding post influenzal insani-

ties) I find eleven consecutive to typhoid; following rheumatism seven; scarlet fever five; measles two; diphtheria two; and pneumonia, malaria and erysipelas, one each.

Of the forms of insanity resulting, acute maniacal conditions with hallucinations or with confusion predominate, and next in frequency are states of depression, melancholias, the former supervening upon sthenic and the latter upon asthenic conditions as a rule. There is no special psychosis characteristic of the fever which precedes as the cause. Typhoid is often followed by acute maniacal conditions due to sudden change in circulation of the brain, and known as delirium of collapse. The condition of habitude following typhoid is due to cerebral anemia.

The low form of delirium, known as "typhoid" from its frequency of occurrence in that fever, may be temporary or pass into a mania or chronic dementia—it is probably due to impaired nutrition of the brain or to exhaustion of nerve centers.

Pneumonia may be followed by acute delirium of collapse (as after typhoid), also by hyperesthesias, paralyses and disturbances of muscular electro-contractility.

Melancholia is apt to occur during the decline of the fever in acute rheumatism, accompanied by delusions or hallucinations.

Acute mania with hallucination is the most common of insanities after the exanthemata.

It occurred to me that the otitis which so often accompanies scarlet fever might be responsible for the hallucination of hearing in these cases. Hammond says that hallucination can never be produced by irritations applied to an organ of sense except by such irritation producing centric disturbance.

He reports several cases of hallucinations produced by impacted cerumen, but in all the cases there were unmistakable evidences of the existence of cerebral hyperemia to which the sensorial disturbances were directly due.

A not uncommon form of mental trouble following the exanthemata is a condition of mental enfeeblement or of arrest of development of the brain in childhood.

Psychoses due to the fevers mentioned are few, comparatively, only thirty being reported in the 5331 admissions to Massachusetts Hospitals during the three years 1890-91-92, within those three years, I have seen but two or three cases of mental weakness from exanthemata and but one of melancholia, due to pneumonia—in which cases there was strong hereditary predisposition.

Of more practical importance to general practitioners is a consideration of post grippal or post influenza psychoses and it may be profitable to discuss them in detail with a review of the conclusions of competent observers.

When the influenza epidemic made its appearance three years ago it was greeted without special apprehension, and was for a while a source of merriment to the friends of its victims, but it soon assumed a grim aspect, and when it departed, left behind a sad record of death and of constitutions wrecked physically or mentally.

The local columns of newspapers recorded an increased number of suicides and cases of insanity due to grippé, and patent medicine advertisements warned grippé sufferers of the great liability to insanity of those neglecting their specific preventatives. Though these sources of information are very unreliable, it is undoubted that more cases of insanity followed influenza than are reported on accessible records. It is probable that the general practitioner treated many cases of mild depression or hypochondria whose mental condition did not require hospital treatment.

From the reports of the seven hospitals in this state admitting acute cases of insanity, I find of 5000 cases admitted since 1890, 124 in which the assigned cause is influenza.

Of these cases, twelve came under my observation or were reported to my colleague, Dr. Holmes. I will give a brief synopsis of each case, mentioning salient points.

(1.) Female, thirty years of age; duration five months. Case of acute mania with well marked delusions of persecution. She had been violent and uncontrollable at home, occasionally becoming frenzied, when she would threaten to kill her husband and children.

Her physical health was poor, her digestion disordered, and she was troubled with insomnia. Recovery was rapid, both mental and physical, and she was discharged in six weeks.

(2.) Female, twenty-two years of age, single; three weeks' duration. Certificate of admission says, "She has hysterical predisposition followed by an attack of the Russian Influenza." Her attending physician says that during the progress of the fever she had several hysterical seizures.

She was suspicious and complained of hearing others plotting against her.

She showed mental enfeeblement and confusion on admission; admitted having had "spells" as she called them when she did not know what she was saying or doing.

She recovered rapidly, and was discharged in two weeks.

Physically, below par on admission, she gained in weight four pounds, during the last week.

(3.) Female, fifty-four years old. At the period of climacteric she became worried and despondent, during which time she had an attack of influenza. She made an unsuccessful attempt at suicide by cutting her throat. Since then she has been hypochondriacal with occasional very melancholy periods.

(4.) Male, thirty-six; two weeks' duration on admission. Acute mania with hallucinations. Intemperate; had the gripe and "took liquor to cure it." He had delusions of persecution and hallucinations of hearing, and is said to have had previously an electric shock, destroying the hearing in one ear for some time, and it was the same ear which was affected by false hearing during insanity. The other ear causing no trouble at all. The case recovered in two weeks.

I have found recorded several cases where the gripe caused in intemperate men an attack resembling delirium tremens. This case was undoubtedly caused by the joint action of alcohol and the influenza and probably in this case the hallucinations of hearing limited to to one ear were predisposed by the former trouble in that ear.

(5.) Male, fifty-seven years of age; duration, one month. Acute mania fol-

lowing an attack of influenza. On admission he was very anemic, mischievous, irrational, incoherent, destructive and considerably confused. He remained in about the same condition mentally till he died of exhaustion one year and one day after admission.

(6.) Male, seventy-one years of age; several months' duration, acute mania with delusions of persecution. Had been considered "cranky" for some years. An attack of the influenza completely upset his mental balance. On admission he was very excitable, talkative and suspicious. He would not eat and had to be fed with tube. He weighed 105 pounds on admission. He gained in weight and improved mentally. Was discharged improved weighing 121 pounds.

(7.) Male, forty-nine years old; melancholia (hypochondriacal); intemperate for years. Following an acute attack of influenza he became anemic, sleepless and melancholy. He had atonic dyspepsia, and palpitation of the heart. Was quarrelsome with his family, hypochondriacal and occasionally cried like a baby. Still in hospital. He has gained about twenty pounds in weight and has improved mentally, but is still hypochondriacal, sleepless and dyspeptic. With nervous system exhausted by years of intemperance he does not rally readily from the melancholia induced by influenza.

(8.) Female, thirty-one years old, of neurotic disposition, but well till she had influenza, immediately following which, she had an attack of acute melancholia. She was suicidally inclined, destructive to clothing, swallowed buttons, etc., etc. After awhile she became comparatively rational, played on the piano and conversed intelligently, but soon became excited and since then has alternately been depressed and excited. Discharged unimproved.

(9.) Female, thirty-three years old. Melancholia with delusions, caused by influenza and grief at the death of her child. She was very anemic, hypochondriacal and melancholy, cried much, had no mental stability. Was improving when she eloped while at walk. Went home and she was found well enough to be allowed to remain.

(10.) Female, forty-seven years old. Following an attack of influenza there

developed a mild melancholia with hallucinations of hearing and delusions of suspicion. She was very anemic, had atonic dyspepsia, her heart was weak and irregular. During the progress of mental disease she had an attack of purpura simplex, an evidence of extreme weakness. She improved steadily while here and was removed in about a month by the Board of Lunacy and Charity. Her condition, it is probable, improved after discharge.

(11.) Male, fifty-nine years old. He had been more or less unbalanced mentally for a few years. Grandfather was insane. An attack of influenza precipitated an attack of acute maniacal excitement with hallucinations and delusions of persecution. He improved rapidly and was discharged in seven weeks "much improved."

(12.) Female, fifty-six years old. Acute mania, (recurrent) of a confusional type. Had been at hospital twice before, was very anemic, had pleuritic pains. She improved physically, cleared up mentally and went home improved.

The conclusions to be drawn from so few cases are in no wise decisive, but are in the main supported by other observers.

The question of age and sex has no special influence on the occurrence of insanity after gripe.

Of the twelve cases, the youngest was twenty-two years old, and the oldest was seventy-one years old, the average being forty-four years. Five of the cases were under thirty-six years. A slight majority were females—seven, and five males. Of 124 cases reported elsewhere, 53 per cent. were males. I cannot find recorded the relative proportions of the two sexes suffering from influenza, consequently cannot say that men are more liable to post influenza insanity than women—I am of opinion that the sexes are equally liable except wherein conditions peculiar to one sex or the other may act as predisposing causes.

There is no characteristic form of psychosis to be attributed to influenza.

We meet more frequently with states of delirium or of maniacal excitement, ranging from delirium of short duration to busy confusion, and acute mania with delusions and hallucinations. And secondly with melancholy states which

may be mild depression, hypochondria, or deep melancholy with delusions of persecution and hallucinations of hearing.

Seven of the cases seen by me were of the maniacal type. Of these seven, two were of delirium with hallucinations, recovering in a few days—and three of confusional type.

Five of the cases were melancholias, of which two were simple hypochondriacal; two of neurasthenic type having delusions and hallucinations of hearing, and one seemed to have alternations of melancholia and mania with lucid intervals, somewhat like folie circulaire. This latter case is still insane.

Of the twelve cases, seven had delusions or hallucinations or both.

The prognosis is favorable, compared with insanities from other causes. Four of my twelve cases recovered and three were discharged improved, one at least of whom was approaching recovery at time of leaving the hospital. Two were discharged unimproved and two are still in the hospital. One only, of the twelve died—of exhaustion—one year from admission.

Dr. Harrington of Danvers Hospital, has collected statistics of 48 cases, of which 16, or 33 per cent. recovered. He says, "considering that in hospitals the average number of recoveries is 15 to 20 per cent. in new cases, the recovery of 33 per cent. is worthy of remark."

Tables of cases in England make as high as 50 per cent. of recoveries.

Progress toward recovery seems more rapid than the average. The improvement of mind is usually coincident with recuperation from the physical prostration.

Of those discharged recovered at the Northampton Lunatic Hospital, one was discharged in five weeks from the attack, one in six weeks, one in three months and one in six months. This time does not represent the actual date of recovery, for, as a rule, it is desirable to prolong a patient's stay somewhat, to make sure of the condition.

The average duration of cases of recovery from all forms of insanity in seven hospitals of this state for ten years was fifteen months.

In considering the relation which influenza bears to resulting insanity there

are several factors to be taken into account. The same causes are operative here which produce insanity after other fevers, namely, high temperature, disturbances of circulation of the blood in the brain, and altered nutrition of the nerve centres, etc.

Predisposing causes have been noted in about two-thirds of the cases recorded, in which cases the influenza was apparently the exciting or final cause.

In nine of my twelve cases predisposition was an important factor. Three had been insane or had shown symptoms of mental disturbance previously: two were intemperate, two were of neurotic tendencies, in one the climacteric, and in one grief, was a predisposing cause.

Most authorities believe that influenza alone is not sufficient to cause acute insanity in a person of normally sound constitution.

Harrington says he believes that "if the antecedents could be analyzed of those cases in whom no predisposing causes were found the number of such would be diminished, and we might approach nearer the conclusion reached by Kraepelin, viz.: "that the influenza alone is not sufficient to occasion the development of a psychosis."

Ladanu states that individual predisposition, hereditary or acquired is the chief cause.

Dr. Savage of London found predisposing causes in all his cases except one or two.

But as these same conditions, effects of high temperature, change in the heart's action and predisposition, are operative in other infectious fevers with fewer resulting insanities, it is reasonable to suppose there is generated by the influenza a poison, especially irritant to nerve centres; the manifestation of nervous symptoms was more varied, and the prostration, mental and physical, was greater in most of the cases than any other hypothesis would account for.

Dr. Henry Jackson, of Boston, before the Massachusetts Medical Society, discussed at length "The Relation of Bacteria to Influenza" with the following conclusions:

"The facts which strongly suggest that influenza is infectious are:

1. Its appearance in epidemics—the

manner in which it spreads from individual to individual.

2. Symptoms—suggestive of some toxic influence.

3. A germ has been discovered which may be the cause of the disease."

Philip Coombs Knapp says "The most probable cause of the symptoms in the majority of cases seems to me to be the poisonous effect of some ptomain formed by the bacterium of the disease."

Dr. Putnam, of Boston, says: "There seems to be abundant clinical evidence that the nervous affections of influenza are due in part to the action of a specific poison."

Althaus, physician to the Hospital for Epilepsy and Paralysis, London, thinks the most powerful factor in impairing the nutrition of the brain in influenza is the presence in the blood of a poison which he calls the "grippe-toxine". He says: "I am utterly opposed to the doctrine which assigns the determining part in the causation of post-grippal psychoses to a neurotic predisposition of those in whom they have become developed," and also "I contend that this virus (grippe-toxine) is the principal agent in the causation of psychoses which are apt to occur after grippe."

Thus we have equally good authorities arrayed on the two sides of the question of the relation of the grippe to ensuing psychoses, these asserting that predisposition plays the greater part, those that influenza poison is the predominant factor.

While to my mind it is evident that the toxine is the cause of most of the nervous symptoms observed in the ordinary cases, it must be borne in mind in reaching a conclusion, that the vast majority of sufferers from grippe recovered without mental sequelæ, and that of those cases of sequential insanity the majority, in the proportion of two to one at least and probably greater, were predisposed, *i. e.* their nervous system was more susceptible and had less power of resistance and of recuperation.

I have been asked if the insane were less liable to an attack of influenza than the sane. Some writers think that because the smaller proportion of insane in hospitals were attacked that *ergo*, insanity seemed to confer some immunity. My opinion is that the reason fewer in-

sane had the disease is because they were much less subject to exposure, and conceding the infectiousness of influenza, the insane would be more prone to suffer under like surroundings than the sane.

As to the effect of the disease on the insane, several cases have been reported of recovery from existing mental trouble, but such are very rare. In my experience the insane did not bear the disease well. While the majority of them recovered physical health to about the same degree as they enjoyed before the attack, our death list was considerably lengthened during the course of the epidemic, and the mental condition of some of the patients was rendered worse.

Aside from the treatment of influenza as such, treatment varies with individuals and must be on a line of general principles.

One of the first and most common indications is to relieve the insomnia. We found useful the bromides. Where there was any hyperemia of the brain paraldehyde and sulfonal were useful. In one of my cases where bromides, chloral and sulfonal had failed, valerianate of ammonia proved efficacious. Often a warm bath at bedtime was found useful to induce sleep.

In many of our cases, especially the melancholy or those resulting from exhaustion, seven or eight ounces of hot milk, plain, or with stimulant added, would promote sleep.

In the excitement or delirium of inanition, morphia sulphate alone or with atropine hypodermically would quiet restlessness.

Such cases as the latter class, require close watching and stimulation to prevent collapse. The great majority of the cases were weak physically, exhausted and anemic.

This anemia and the great physical prostration demand rest, nourishing diet and tonics. As a matter of routine we put all our cases on an easily digested diet of which eggs and milk in the form of punch formed a prominent part.

Loss of body weight calls for fats, and impoverished blood for elements lacking. These requirements are well met, with us, by the use of cod liver oil, the hypophosphites and iron in some fevers.

In those cases of recovery or of rapid improvement the mental improvement kept pace with physical gain,

Notes.

PLEASANTLY ENTERTAINED

The foreign members of the Pan-American Medical Congress, about seventy-five in number, enroute from Washington to the World's Fair, were pleasantly entertained in Cincinnati by the medical fraternity of the Queen City. A visit was made to the magnificent City Hall, the Hospital, Music Hall, where the great organ was heard; thence to Clifton Heights, Zoological Gardens, where a lunch was served, and where music, and speeches in French, Italian, Spanish and English were made.

Then a drive was taken through Avondale and Walnut Hills to the Art Museum and back to the Grand Hotel, where a banquet was given in the evening.

The day's entertainment was a delightful affair, and bespeaks the cordiality of the American physician for his foreign brother in a warm hearted manner.

HOSPITAL BEQUESTS.

Among the bequests in the will of the late Margaret Capen is one of five thousand dollars to the New England Hospital for Women and Children, and one of fifteen thousand to the Perkins Institution for the Blind.

WEST CHESTER HOSPITAL.—The managers of the West Chester County, Pa., Hospital have filed their application for the \$10,000 voted them by the last legislature for the erection of a new building, with proviso that the management should first raise \$5,000.

PENNSYLVANIA HOSPITAL FOR FEEBLE MINDED.—The site for the State hospital for the care of feeble minded children has been selected near Franklin, Pa.

NEW HOSPITAL AT WINNIPEG, MAN.—Winnipeg doctors are making strenuous efforts to have a general hospital established by the Dominion Government,

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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EDUCATE THE PARENTS.

THE following was recently published in the *Annals of Hygiene*:

"Five thousand little graves are dug each year in Philadelphia for little babies, and 5,000 little headstones are yearly set up over their graves, all due to deaths traceable to the diseases which spring from wrong feeding. In the overwhelming majority of instances the poor food of which the babies die is bad milk, diseased milk, or skimmed milk.

This may be so, but we do not think the mortality due entirely, or in an "overwhelming majority" to bad milk. There is no doubt that milk has considerable to do with infant mortality, but instead of being "bad" milk, it is more likely to be the improper application of

good milk to the infant's stomach. In this no one is to blame but the parents, or those who have charge of the child. In many instances, among the poor, the care of little children is entrusted to older children, some scarcely above the age of six or eight years.

Children cannot realize that the baby is not capable of digesting exactly what they eat themselves. Neither, we must add, do some of the mothers. It is a probable fact, that in all large cities, the first-born of the ignorant poor die soon after the weaning period—especially if this is during the spring or summer months. Why should this not be so? The poorer classes marry young. Often the mother is scarcely eighteen; she knows nothing of infants, unless she has had the care of her own mother's. Cow's milk is given the baby, often undiluted, and weaning is abrupt. These are to be regarded as causative factors for intestinal disease of infants. But this is not all.

If one should go into our public parks on a holiday he would see many young infants—too young to have aught but a milk diet—fed carelessly on candy, half ripe fruit and often peanuts—and right here in this connection it may be said that it is not always infants of the *poor* that are so abused. Many other improprieties in feeding might be enumerated but they all simply augment the force of the fact that the majority of people are ignorant as to the proper care of infants, and if not ignorant many are exceedingly careless.

Therefore, instead of blaming the milk, which nevertheless is a good thing, for all milkmen are not over careful, let us blame the manner in which it is administered to the infant, and the numerous other articles of food and sweets which are, but ought never to be given a baby. This places the fault where it belongs,

viz; on those who have the immediate care of the infant. It may be asked, how can this evil be remedied? The answer is more simple than its execution. By education. How can we educate the masses in the bringing up of infants? With the foreign population this is probably impossible but not so with our Americanized youth who are educated in other branches in our public schools. A hygienic branch of education could easily be established apart from the ordinary routine of educational advantages, where the sexes should be separated, and each taught a thorough course of practical hygiene, including food and diet from earliest infancy to adult life. There is too much delicacy and too little pains taken in the hygienic branches of our ordinary public schools. The beneficial results of hygienic education of the young would be both immediately and remotely felt.

The young girl, with the characteristic school girl wisdom, would instruct her parents in a more hygienic and cleanly way of living, which, as the course advanced, would of necessity lead to a more scientific method of protection against disease, both in the young and old.

The hygienic course should be a compulsory one, each sex taught by a physician of their own sex, who would thoroughly carry out an adequate course of instruction. It should be graded according to the comprehension of young children from six or eight years to maturity. A good text book should be required, and our children taught a cleanly as well as Godly way of living.

—F. S. P.

HYPODERMIC INJECTIONS OF ALCOHOLICS DURING ETHER ANESTHESIA.

OUR attention has recently been called to the above subject by a most

timely leader in one of our valued foreign exchanges.

There are few of us in this country, who visit operating theatres, that have failed to observe in a considerable number of them, that side by side with the ether-bottle on the table, is the hypodermic syringe charged with whisky, ready to be injected into the tissues, the first moment the pulse begins to flag. Not only one, but several syringefuls may be injected, one after the other, in quick succession. We go home and, parrot like, imitate the same procedure the first opportunity when we perform an operation under a pulmonary anesthetic. But, what in the world is there to justify or permit this practice which is not only useless, but positively harmful?

Our patient is profoundly narcotized by a redistilled ethereal alcoholic. He is deeply cyanotic. The lungs are engorged by a languid circulation. The respiratory reflexes are blunted by the excess of a toxic agent in the circulation. The heart pumps with a full, firm systole. As the anesthetic is pressed, and the system is suddenly surcharged, cardiac action is momentarily deranged, and our patient is in what some surgeons call ether-shock, but what is in reality ether-toxemia.

This tumultuous action of the heart is a most salutary warning which properly interpreted, means,—not that more alcohol is needed, but less, that fresh air is demanded and an opportunity permitted the lungs to throw off, for a moment, the surplussage of ethereal alcohol. In a moment, or two, as the system acquires safe tolerance, we may replace the cone over the air passages.

Let us, then, when we administer ether, see to it that the road is kept clear for the free passage of pure air; that the excess of mucus and all gastric ingesta are wiped away from the buccal cavity;

then may we lay aside the hypodermic syringe for legitimate purposes.

Ether inhalation is, undoubtedly, the safest of all known pulmonary anesthetics, but its safe administration demands intelligent direction. Full ether coma is seldom reached without marked depression of the circulation, but this is an essential part of anesthesia and productive of no harm, when of momentary duration, if pure air is admitted into the lungs until deep cyanosis passes off.

Therefore, if we would act on scientific lines and rational principles, let us discard this homeopathic practice, which has nothing to support or justify it, but a certain sort of authority and custom.

T. H. M.

Annotations.

THE ODOR OF THE BREATH IN MENTAL DISEASES.

IN an article by Dr. Lindsay, of Topeka, in the *Kansas Medical Journal*, he states that he can detect mental symptoms by the odor of the breath. The odor of diphtheria and other malignant and organic diseases are described. While fermentative changes in the stomachs of those suffering brain disease are common, there are many who do not have destructive processes, or fermentation in whom he can detect the peculiar odor of breath, which he attributes to mental diseases. Destructive metamorphosis of the convolutions unload effete matter into the blood which may give rise to distinctive odor of the breath.

ON ANESTHETICS.

A commission has recently been appointed by the *London Lancet* to inquire into the administration of chloroform and other anesthetics. "The report (*Lancet*, No. 3642 page 1498) contains the following deductions: The death-rate under anesthetics has heretofore been unduly high, and may be lowered by improved methods and greater care. Ether is the safest anesthetic in temper-

ate climes for general surgery, when properly given from an inhaler permitting graduation of the strength of the vapor. Nitrous oxide gas should be employed for minor surgery. Chloroform is a comparatively safe body when given by a carefully trained person, but is not in any case wholly devoid of risk. No age or nation is free from danger under anesthetics. The perils of anesthesia, however slight, demand that the undivided attention of a duly qualified and trained medical man should be given to the administration of the anesthetic."

The English have been slow to admit that ether was preferable to chloroform as an anesthetic on account of its safety. While neither are devoid of danger, by any means, we do not get the sudden deaths, without warning, from ether which we hear of from chloroform. Doubtless the recent deaths from chloroform in some of the English hospitals, recently reported, have something to do with the more friendly feeling toward ether. Had ether been an English product originally no doubt many lives might have been saved that were sacrificed to chloroform. A practitioner is generally attached to the anesthetic, which he has been taught to use as a student. In most American hospitals ether is taught to the student and used in operations as the safest anesthetic and one to be relied upon for premonitory symptoms in case the system is poisoned thereby. Chloroform is also taught as an anesthetic for certain cases, especially obstetric operations, but one in which there is always an element of danger of *sudden* collapse without warning.

OBITUARY.

WILLIAM F. HUTCHINSON, M. D.

Hardly had we announced last week, the appointment to the chair of Electro-Therapeutics in Tufts Medical School, Boston, of our estimable friend and fellow laborer of the staff of the *TIMES AND REGISTER*, Dr. William F. Hutchinson, than we were pained to hear of his sudden death of heart disease, at the residence of one of his patients in Providence, R. I.

Dr. Hutchinson was born in Oswego, New York, in 1838. His collegiate education was obtained at the University of Pennsylvania, and after receiving the Bachelor's and Master's degrees at that institution, he pursued the study of medicine abroad in the most celebrated of the French and German universities.

Since the close of his student career his life has been a most active one in the service of his country, in both army and navy, in the work of his chosen profession, in literature, art and travel.

At the beginning of the Rebellion he went to the front with the 22nd Regiment of New York Volunteers as Assistant Surgeon. He saw a deal of service, and was himself wounded several times, while caring for the injuries of others on the field. At the battle of Antietam, while giving a drink of water to a wounded rebel soldier, Dr. Hutchinson was struck by a bullet just over the heart, and to the result of that wound is ascribed the development of the disease which ended his life.

On April 13, 1863, by act of the war Department, he was discharged from the army with the rank of Colonel and transferred to the navy as Acting Assistant Surgeon on the sloop of war Vincennes. He remained with this branch of the service throughout the remainder of the Rebellion and until 1869, when he received honorable discharge after rendering most valuable service in many ships and sailing under his country's colors in many seas.

The next four years of his life were passed at Minneapolis, where he acquired an extensive practice.

In 1873 Dr. Hutchinson came to this city, where he has since resided, except for his frequent European and South American trips. For the last ten years he has made a specialty of nervous diseases.

He was Assistant Secretary General of the Pan American Medical Association; the organization of which society is largely due to his efforts, as he was the representative who brought about the co-operation of the medical men in the Spanish American countries. He was also Vice President of the American Electro-Therapeutic Association and a Fellow of the Societe Francaise Electro Therapeutique.

Dr. Hutchinson's labor has not been confined exclusively to the practice and study of medicine. He was formerly an editor of the old *American Magazine*. Among his books are many interesting volumes of travel in South America, his principal work being perhaps "Under the Southern Cross."

In this city he had been one of the best known men in Grand Army circles. Immediately after his arrival here he joined Slocum Post, and afterwards became its commander. Later he organized Arnold Post, of which he was also commander for several years. He was a member of the Rhode Island Historical Society, and of the Rhode Island Medical Society.

The deceased leaves a wife and one son.

Book Notes.

Books and Pamphlets Received:—

TWENTY-NINTH REPORT OF THE TRUSTEES OF THE BOSTON CITY HOSPITAL.

TATOING AND ITS SUCCESSFUL REMOVAL. By A. H. Ohmann Dunesuil, A. M., M. D., reprint from New York Medical Record.

SYRUP OF HYDRIODIC ACID. By R. W. Gardner, reprint from New England Medical Monthly.

ABNORMAL MAN. Bureau of Education. Circular of Information No. 4, 1893.

THE DUTY OF THE COMMUNITY TO MEDICAL SCIENCE. By Geo. M. Gould, A. M., M. D., reprint from Bulletin of the American Academy of Medicine, No 16.

COLPO-HYSTERECTOMY FOR MALIGNANT DISEASE. By Mary A. Dixon-Jones, M. D., Brooklyn, N. Y.

Notes.

GIFT TO A HOSPITAL.—St Luke's Hospital, Detroit, will receive \$200,000 as a bequest from the late Samuel B. Coyle of that city.

HOMEOPATHIC COLLEGE.—The Louisville homeopaths have started a medical college in that city.

Dr. Benjamin Lee's Remedial and Othopedic Gymnasium will re-open, Monday, October 2nd, 1893, at 1532 Pine street, Philadelphia.

DR. JOHN L. YARD has removed his office and residence to 327 South 18th St., Philadelphia, Pa.

Bureau of Information.

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I WOULD like to have you send me the address of the best Post-Graduate School in your city. There is no mention of any, in any of the journals that I take, and I do not know that you have one there.

W. A. THOMAS, M. D.

PEACHAM, VT.

[The Polyclinic is a very good school, with a distinguished faculty and finely equipped hospital; but it does not advertise.—W. F. W.]

IMPOTENCE.

I RECEIVED your answer, as to the vein, but no suggestion as to a treatment for impotency. I had hoped for some practical advice for such conditions, from the fact that the profession rely with much confidence on your ability in all things that pertain to medicine. While it is an enviable position to occupy, yet I presume it brings you frequent and much annoyance.

I see in the *Boston Medical and Surgical Journal* where a Dr. King, ligated veins in penis with rapid results, and which proved a cure. Yet this does not place the subject in a plain practical manner for us to know, just when ligation would prove beneficial.

I cannot imagine why the ligation of one or more veins of that member should prove beneficial from the fact that the whole machinery of erection and emission is under the control of the sexual centers in the brain. The mind has to be centered on the act, if the brain should receive a signal of any kind, or from any source that would divert it into any other

channel of thought, the constrictor muscles would immediately relax, and flaccidity would be the result. I defy any man to hold an erection (I care not how vigorous or youthful he may be) if his thoughts are on any other subject, and it seems to me that if the inlet of blood is sufficient to give a strong erection, that it could be kept sufficiently strong as to preclude any shrinkage from out-flow—until ejaculation takes place, and the mind relieved from the strain.

Then again, I should fear priapism, should the out-flow be prevented from ligated veins, and this condition would be as bad as non-erection. I have found all along through my professional life, that we cannot treat successfully the same type of disease in routine, because we have the varied idiosyncrasies of nature that will not admit of a uniform treatment. What will do much good in some persons will signally fail or do harm in some others; consequently the successful physician must treat each case of itself. When we have success from any line of treatment given to the many—we do not hesitate to form a favorable opinion of its merits.

I know that it is impossible for you or any other to give a treatment for impotency, that will prove successful in all or a majority of cases. Yet you can give us a line of treatment that has been successful in your hands.

I find that treatment would be much more successful if we could get our patients to carry out instructions given them—but they will neglect themselves for fear of exposure. Such cases are better thrown aside than to attempt a satisfactory cure—in not obeying us in carrying out a line of treatment in all details.

R. G. ALLEN, M.D.

[In regard to the case mentioned, the condition was this: There was one very large vein that appeared to be not under the control of the constrictor urethræ, and this vein emptied the penis faster than the arteries filled it. The consequence was that while secretion was active and sexual desire as strong as was to be expected in a lusty youth, a sustained erection and intromission were impossible. Ligating this large vein restored the power of erection. If this were the only vein carrying back blood from the penis, this would result in priapism, but such is not the case. Nature has provided against such accidents by multiplying the venous channels all over the body. I must repeat that

this operation is in no sense a cure for impotence in general, but only for impotence when due to this special cause. Yet it is probable that this condition of things exists somewhat frequently, for the intense congestion of the penile veins must, in time, when the sexual act is frequently and passionately performed, result in some stretching of the penile vein walls. When this is done erections will become feeble, even if desire continue unimpaired.

But how could any such operation be of use, or fail to do harm, if the veins were normal, and the impotence due to exhaustion of the nervous centers or a failure of testicular secretion?

In the first place the doctor must sit down and have a quiet bit of thought, as to whether he has any right to interfere. Exhaustion of the nerve centers comes from excessive sexual indulgence, or that nervous prostration due to long continued over-work or worry. The doctor who comes home completely exhausted from a night with a bad labor case, the minister who has been conducting a revival, the banker who has been wrestling with a financial crisis, find themselves unable to perform their marital duties. A little rest and the recuperation of food finds the power restored; a good deal of rest results in a return to the habits of young married life. But if the strain be continued long enough, the disability becomes continuous, and in time permanent. It means simply that the vital force is a fixed quantity; that if our whole vital capital be engrossed in business, we have no available surplus for home expenses.

Now, what is the doctor's duty? Plain enough; so that he who runs may read. When the first signs of failing manhood appear, the patient must be told to choose between continuing his over-work and retaining his sexual function. If he prefer to keep on working to the utmost extent of his capacity, he must understand that he does it at the cost of his virility. If he agrees to moderate his labor to his real working capacity, he will retain his sexual power and prolong his life. If he disregards advice and persists in his over-work, he will become impotent. Then he may resort to some doctor unprincipled enough to give him gold, platinum, phosphorus, etc., and these drugs will stimulate his waning sexual powers and enable him to exhaust his nervous system and produce the affection known as softening of the brain, paresis; or dementia. This result is about as inevitable as that if a man who can't swim jumps into a river he will drown; but as there are some 1,400,000,000 people in this world, mostly fools, it is the course that nearly all such cases choose. The true difficulty generally lies in the supposed necessity of doing the work laid out, and of also attending to home duties that may have grown unduly pressing about the time the prolonged strain begins to tell.

If the difficulty be due to atrophy of the testicles there is quite as little prospect of relief from the vein tying. Here, galvanism, strychnine, sanguinarine, etc., have a place, if the atrophy be not due to excesses. In many cases the prostatic urethra requires treatment, by the cold sound, treatment of strictures, or the application of silver, bismuth, enrophen, copaiba or tauric acid. Truly as our correspondent suggests, there can be no remedy for impotence, per se, although there may be a remedy for each case of impotence.—W. F. W.]

The Medical Digest.

THERAPEUTICS.

STRYCHNINE INJECTIONS IN PARALYSIS.

Boltenstern (*Therap. Monatsh.*, August, 1893) relates the case of a patient who, as the result of alcoholism, was suffering from well-marked paralysis of the lower extremities, accompanied by loss of power in the upper limbs. When first seen the condition was complicated by severe rheumatoid pains, cedema, enlarged liver, albuminuria, and diminution of urine. After a few weeks' treatment directed to these latter symptoms, the paralysis alone remained, and the author therefore resorted to strychnine injections. The nitrate was used in a one per cent. solution, and injected by means of a Pravaz syringe, the daily dose at first being one milli-gramme, and towards the end ten milli-grammes, or $\frac{2}{3}$ of a grain. In addition the patient was subjected to warm baths with cold irrigations and faradisation once in two days. Four weeks of treatment enabled the patient to feed himself and to raise himself in bed without aid, and with no discomfort. After another month slight attempts at walking could be made, and after two further weeks the patient was able to raise himself and walk without aid or support. Four months after the commencement of this treatment the patient was able to return to his occupation. During the early treatment slight collapse occurred twice slightly, but improved with citrate of caffeine. Injections were made on thirty-two days, and the total quantity of strychnine used was $2\frac{1}{2}$ grains. The author feels confident that the merit of curing this paralysis of two months' standing is to be attributed to the strychnine, and he recommends its further application.

DUBOISINE—TOXIC SYMPTOMS.

How often we find that after a new remedy has been introduced and lauded in the most extravagant manner, some one finds that there is danger in its use. C. Crouzet (*Rec. a' ophtal.*, 1893), has found such to be the case with duboisine. When employing it in the treatment of

iritis plastica with adhesion of the whole pupillary margin of the lens, in which he used five drops daily of the following solution: Duboisine sulphate, 5 cc.; water dist, 10 grams. Four days of treatment produced drying of the throat; but still he pursued, as the synechia began to yield. A few days later, the pulse became more frequent, there was great weakness, rise of temperature and, disturbance of speech as in aphasia. Crouzet is the first to have noted these untoward symptoms.—*American Therapist*.

BISMUTH IN LARGE DOSES FOR CHRONIC GASTRIC CATARRH.

Pick (*Berliner klinische Wochenschrift*, 1893, No. 31, p. 761) maintains that, in order to be effective in the treatment of chronic gastric catarrh, bismuth should be administered in maximum doses. His own mode of procedure, which he reports to have practised successfully in a large number of cases, is to give a small quantity of the saline in about eight ounces of warm water before breakfast and half an hour later from three to four drams of bismuth subnitrate in two equal parts in cachets. Massage of the epigastrium is then practised for a short time, and in half an hour the patient is permitted to breakfast. Ordinary care is to be exercised with regard to diet. In mild cases decided improvement is said to follow after a week of this treatment; in the graver cases three or four weeks elapse before a similar result is obtained.

—*Medical News*.

OIL OF NAPHTHA IN INFECTIOUS SORE-THROAT.

Dr. G. Dumont, of Lille (*Rev. Internat. de Rhinologie, etc.*, 1893, No. 10), recommends application of a solution to the contaminated points, as follows: Essence of petroleum 20 grammes, sulphuric either 5 gramme, finely powdered iodoform 50 centigrammes, and essence of peppermint 20 drops. This is applied every ten minutes during the acute period of the disease, and afterward at intervals of not longer than one hour; and they are continued at longer intervals for several days after the disappearance of the false membranes.—*Am. Journal Med. Sci.*

CHLORATE OF SODA IN THE TREATMENT OF GASTRIC CANCER.

M. BRISSAND (*Revue de Thérapeutique*, September 15, 1893.) has published some experiments of cases of gastric cancer treated by chlorate of soda in doses of twelve to sixteen grams per day.

First he cautions error of diagnosis. On account of the greater solubility of soda over potassa he considers the former better for the treatment of cancer of the stomach. His results are as follows:

1st. Cessation of vomiting and hæmatemesis.

2d. Disappearance of cachexia.

3d. Disappearance of the tumor in six weeks.

The elimination is easy, and the chlorate of soda is far less toxic than the chlorate of potassa. The dose to begin with is eight to ten grams a day dissolved in 100 grams of water, given in tablespoonfuls with coffee throughout the twenty-four hours. To avoid accidents it is not necessary to pass the dose of sixteen grams a day.

SUBCUTANEOUS INJECTION OF SALT SOLUTION A SUBSTITUTE FOR THE INTRA VENOUS METHOD.

Dr. Farrar Cobb in the *Boston Medical and Surgical Journal*, September 28, 1893, describes the subcutaneous method of injecting salt solutions in collapse from shock, hemorrhages, etc., as follows: A large-sized trocar of the aspirator pattern with a stopcock and entrance on the side, about six to eight feet of rubber tubing, and a hard-rubber funnel is the apparatus. The funnel and tubing after being sterilized are kept in corrosive sublimate (1—1000.) The trocar is kept sterilized in a tin-box. The sterilized salt solution is kept at a strength of twelve parts to the thousand, so that when needed the addition of an equal amount of boiling water makes it of the proper strength and temperature for instant use.

The advantages of this method are its simplicity and the rapidity with which it can be done. The pressure of from four to six feet is enough to make the fluid run freely. The inguinal regions are selected as a site for injecting. The in-

guinal regions take from ten to twelve ounces and the outside of the thigh somewhat less. The fluid always runs readily and is absorbed with astonishing rapidity. The effect on the pulse is not quite as soon noticed as if the solution had been thrown directly into a vein, but improvement begins in every case before six ounces have been injected, and is after that as marked and as lasting as in the intravenous method. The two or three minutes wait for a response is more than offset by the saving of time in the technique as compared to opening a vein.

MEDICINE.

ASTHMA.

At onset of attack, paint nasal fossæ as far in as possible with one part by weight of cocaine hydrochlorate to twenty of water, or spray nose and pharynx for four or five minutes. This may cut short the attack.—*Diculafoy*.

PERCUSSION FOR HEADACHE.—To M. Dourdoki, of Moscow, should be given the credit for originality in the treatment of headache by percussion, in much the same manner as percussion is practiced in making an examination of the chest. It is presumed "hard knocks" are barred.

—*American Therapist*.

POSTURE IN THE TREATMENT OF ACUTE PLEURITIS.

Dr. Volland, in *Therapeutische Monatshefte*, says that if the patient is kept absolutely quiet on the back in bed, the whole course of the disease will be shortened. Exudation will be much less, absorption much more rapid and certain, and operative procedure much less often required. He is as particular about avoiding change of position as he would be in a case of peritonitis or fractured thigh, because, he says, with every change of position of the body—as from the back to the side, or from lying to sitting—there is a change in the location of the fluid. This necessitates an expansion of the part of the lung which has been contracted by the pressure of the fluid, and a contraction of the lung in the new locality; and, as this expansion cannot take place rapidly, there is

a tendency to a vacuum, and a consequent suction force which, acting on the fluid in the greatly-increased and enlarged vessels of the inflamed pleura, causes a transudation and increase of the effusion.

If slight adhesions have already formed, change of position may tear them, and thus tend to increase the inflammation.

Change from lying to sitting posture is also very exhaustive, and increases largely the already too rapid pulse and respiration. He gives very little medicine; small hypodermic injections of morphine to relieve the pain, if severe, is the principal thing. He especially avoids anything that might cause vomiting.

PERSISTENT SINGULTUS RELIEVED BY LAVAGE OF STOMACH.

The case reported in *Medical Record*, August 19th, by Dr. Gallant recalls a similar one coming under my observation recently, and relieved by the same means.

In consultation with two other physicians, who had been in attendance for several days, I saw patient B—, aged seventy years, but remarkably well-preserved for one of his age, and had been doing manual labor regularly up to the time he was taken with hiccoughing.

The various household remedies were tried without relief, when, after several days, the physicians were called. They had used faithfully the drugs usually given in this condition—musk, ether, bromides, chloral, opium, etc.—without even temporary relief. Hiccoughing continued under profound narcotism, and when I saw the patient at expiration of ninth day he was thoroughly exhausted, and oblivious to all surroundings.

It was found upon examination that the bladder was very much distended; I introduced a catheter and drew off a large quantity of highly-colored urine, when immediately hiccoughing stopped, patient resting quietly for eight or ten hours, when hiccough returned.

Tongue was covered with a very thick, spongy coat, and as dry as a bone. This fact taken in consideration with the

treatment which had been used without relief, led me to conclude that the case had its origin in the stomach.

I had recently read in some journal, where, after all other means had failed, a case was relieved by thoroughly washing out the stomach.

A stomach tube was attached to the Allen Surgical Pump, and stomach thoroughly irrigated with warm water.

Stomach contained no food, but a quantity of dark, tenacious mucus, with patches of separated mucus membrane, some of them as large as a finger-nail, and very much thickened. Hiccoughing did not return, and patient recovered his usual health.

Dr. Gallant states that in looking over the recent literature he could find no mention of lavage in treatment of singultus, but it seemed especially fitting in cases of gastric origin.

The history of the only three cases coming under my knowledge in which lavage had been used, namely, the doctor's case, mine, and the one referred to, would seem to sustain his suggestion.—Dr. P. C. Coleman, Texas in *N. Y. Medical Record*.

SURGERY.

THE USE OF SALINES IN APPENDICITIS.

DR. M. H. RICHARDSON, surgeon to the Massachusetts General Hospital, calls attention to the harmfulness of cathartics, especially saline, in appendicitis, in the *Boston Medical and Surgical Journal*. He says:

"The theoretical action of cathartics in peritonitis, as given by various men, consists in an absorption and removal by intestinal drainage of the toxic products of certain micro-organisms which, multiplying in or near the peritoneal cavity, endanger life. I do not object to carrying out this theory after the appendix has been securely tied, or after it is clear that there is no danger of rapid extravasation; but in the first forty-eight hours of appendicitis I look upon the administration of salines as extremely dangerous, and as a not infrequent cause of general peritonitis and death. The reasons for this lie in the

pathological conditions that exist in a very considerable percentage of cases. If in a given case there is a perforation in an appendix of large lumen; salines, by liquefying the feces and increasing peristalsis *will cause an immediate and almost invariably fatal extravasation*. In such a pathological condition, which is not infrequent, the use of cathartics before removal and ligation of the appendix must be and is attended by most fatal consequences.

There is the same objection to the use of salines in gunshot wounds of the intestines, in perforations of typhoid fever, or in perforating ulcers of the intestinal tract generally.

If the appendix has been tied off, or if the peritoneal cavity has been walled off, with gauze, or if there is a firmly localized peritonitis, I do not object to cathartics, and I use the salines freely. I must say, however, that in a completely established general peritonitis, from whatever cause, with distention, vomiting and obstipation, in my experience, salines accomplish absolutely nothing."

"To produce 'intestinal drainage,' after abdominal operations I think salines most excellent; and they have their use in the very beginning of a peritonitis in which there is no question of extravasation. I believe the future use of salines will be confined to these conditions."

The attention thus called to the indiscriminate use of cathartics in inflammatory conditions with perforations, or that are likely to result in perforations, is timely—already too many lives have sacrificed by a blind conventional custom to give salines in every sort of peritoneal inflammation without question as to its locality extent or possibilities.

TREATMENT OF ANTHRAX.

M. DR. J. GOILAR, (*Revue de Thérapeutique*) surgeon of a hospital at Bucharest, has treated with success a dozen cases of anthrax, simple or complicated by glycosuria, by a crucial incision followed by a large application of crystals of boric acid. He estimates the results obtained in a large proportion of cases warrant the procedure in place of any other treatment.

ANOTHER BROKEN NECK.

A third case within three months of a patient living with a fracture of the cervical vertebræ has been reported. The patient is under treatment at the Manhattan hospital, and more than a week has elapsed since he broke his neck in a fall of ten feet. The other two patients, whose cases have already been referred to in the Journal are still both alive, and one of them has already been discharged from hospital, although still wearing an apparatus to relieve the injured vertebra of the weight of the head.

—*Boston Medical and Surgical Journal.*

OBSTETRICS AND GYNECOLOGY.

REMOVAL OF A TUMBLER FROM THE VAGINA.

In the *Wiener klinische Wochenschrift* for March 2, Dr. V. Bazzanella, of Innsbruck, relates the case of a woman, forty-four years old, the mother of three children, to whom he was called in August, 1892, on account of severe sacral pains that had come on suddenly after her mountain tour. He found that her vagina harbored a drinking-glass, and she told him that it had been placed there ten years before by her husband, who, being about to obtain a divorce, was resolved that no other man should have connection with her. When she had carried the glass four years a physician tried to remove it, but failed. Bazzanella found its mouth situated about two centimetres within the introitus vagina, and its base lying against the cervix uteri. There was a dirty, foul discharge from the vagina, and some fetid gas escaped during the examination. Projecting into the glass there was a granular, fungous, tumor-like outgrowth from the vagina. This was crushed away, and then the glass was extracted with a small obstetrical forceps between the blades of which a napkin was stuffed in such a fashion as to include the fragments in case the glass should break. The vagina was irrigated and drained with strips of iodoform gauze for a few days, and the patient was then able to be out of bed. Perforation of the recto-vaginal or vesico-vaginal septum seemed imminent when the glass was removed.

The glass was eight centimetres in height, and measured seventeen centimetres and a half in circumference at its base, and twenty centimetres and a half at its top.—*St. Louis Clinique.*

PROLONGED DELIVERY.

Touvenaint (*Centralblatt für Gyn.* 1893, No. 22) reports the case of an embryotomy done after version, in which parts of the fetus were removed during three days, the head being left in the uterus. After the patient had resumed her occupation, a discharge persisted, and upon consulting another physician it was found that a utero vesical fistula existed. It was also found that the skeleton of the entire fetal head still remained in the uterus. After much difficulty dilatation was completed by the use of laminaria, and the foetal bones extracted with forceps. The woman finally recovered.

—*Am. Jour. Med. Sciences.*

CHILDREN'S DISEASES.

INFANTICIDE.

A singular method of infanticide was reported at a meeting of the Paris Médico-Legal Society. An infant of five months died without having shown any symptoms of previous disease. Nevertheless suspicion was aroused and the body exhumed some sixteen months after burial. No traces of poison were discovered, but the intestines were found to contain some eight pieces of a blackish grey substance which completely blocked the passage. Careful examination showed that these pieces were sponge, and Professor Caseneuve gave it as his opinion that they were administered to the child for the purpose of killing it. This opinion was founded partly upon the fact that the pieces of sponge presented a cut surface, and also upon the knowledge that in certain parts of the country the custom prevails of killing stray dogs by placing in their way pieces of sponge soaked in grease, which when swallowed swell up inside of the intestines and so cause death. The jury accepted this view and brought in a verdict of guilty.

—*Northwestern Lancet.*

Letters to the Editor.

I NOTICE in your issue for September 9, 1893, an editorial by E. P. Hurd, M. D., in the treatment of the morphine disease. In his paper he alludes to the method recently advocated by Dr. J. B. Mattison, of Brooklyn. It occurs to me that his perusal of Mattison's paper must have been very hasty or superficial and his remarks upon Dr. Mattison's treatment certainly do the author of this most valuable method a great injustice.

Hurd alludes only to the possible evil effects which might occasionally arise from prolonged use of heavy doses of sodium bromide which, practically, I believe seldom occur. The systematic use of sodium bromide is only one feature of the treatment, being employed to prevent reflex disturbances during the rapid reduction of morphine to a minimum.

The Mattison method in its entirety includes two other drugs of no less importance, viz: Codeine and trional.

The use of codeine, as may be seen from the author's paper in the *Universal Medical Journal* for February 1893, to further prevent reflex symptoms after the entire withdrawal of morphine is a matter of the utmost importance. It is undoubtedly the main-stay of this form of treatment. By its use the patient is sustained in a state of comparative comfort until the symptoms of morphine abstinence have subsided. It has no proper reaction of its own to complicate morphine craving.

Any one, who has had opportunity to witness the advantage derived in morphine quitting from the substitution of the milder alkaloid of opium, must realize that this plan exhibits a hitherto undiscovered principle of therapeutics applied in a highly practical manner. I do not mean to say that codeine has never been used before for such a purpose.

But to the author of the Mattison method belongs the credit of insisting upon its superior value.

The third cardinal feature of this method is the use of trional as a hypnotic.

I believe that in this method the drug treatment of morphinism has been brought to an acme of perfection. What further remains to be done to rescue the

morphine habitue I think lies in the line of legislation upon the subject.

F. O. MARSH, M. D.

616 MAIN ST., CINCINNATI, OHIO.

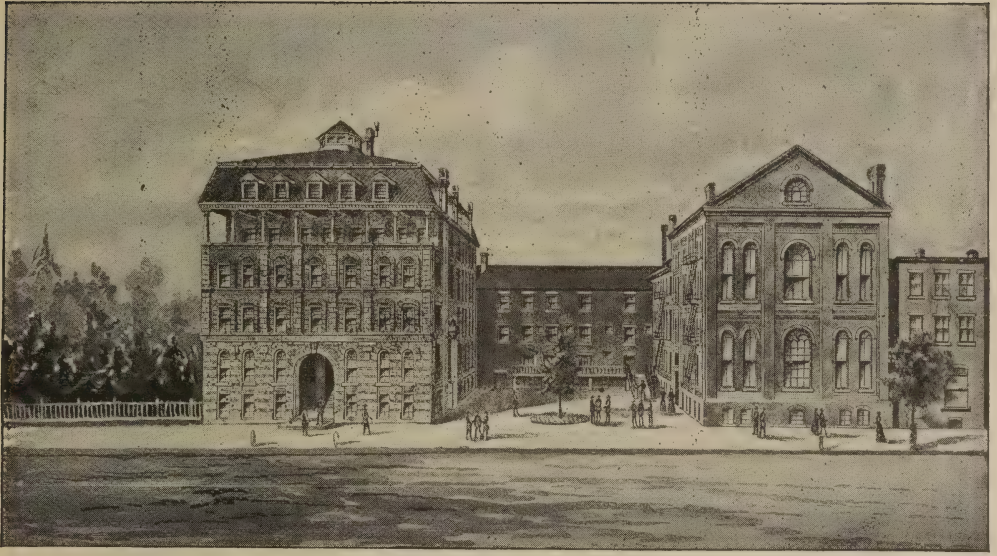
News.

RHINOCEROS' URINE IN HINDU MEDICINE.

Rhinoceros urine is a much approved remedy among Hindu physicians for chronic fevers and splenic enlargements and the Calcutta Zoölogical Garden derives so considerable a revenue each year from the sale of the water passed by its rhinoceroses, that men are detailed to collect the urine as it is passed. It is a very pale urine with a specific gravity of 1,000, slightly alkaline reaction, abundant phosphates and free ammonia. —*Boston Medical and Surgical Journal*.

ALLIGATORINE is the latest! The homeopaths have beaten us. They have made the toad and the fox yield "most valuable therapeutic products," and now the prepared fat of the alligator, saponified by alcoholic potash, and soap, decomposed by hydrochloric acid and the fatty acid mixed with cotton-seed oil," is highly recommended. Has any daring investigator prepared any extracts from the brain of our long-eared, four-footed friend, the ass? The balloonists and those afflicted with mountain sickness should get some extract of eagle's wings, and surely mole's blood or flounder serum would at once cure caisson-disease. —*Med. News*.

LAST YEAR much joy was given to the Parisians by a man with a musical anus. This year medicine supplies the curiosity. At the close of the Congress for the Advancement of Science the Members of the Section of Medicine had a banquet. At dessert the "venerable Dr. Schiff, of Geneva, who presided," entertained the company by playing the "Marseillaise" with the abductor muscles of his feet. Strong rhythmic contractions produced a sound audible for two or three metres. He is said to be the only possessor of this accomplishment in society, which, however, does not prevent him from being a gallant gentleman and a scholar. —*Au contraire!* —*Cor. Boston Medical and Surgical Journal*.

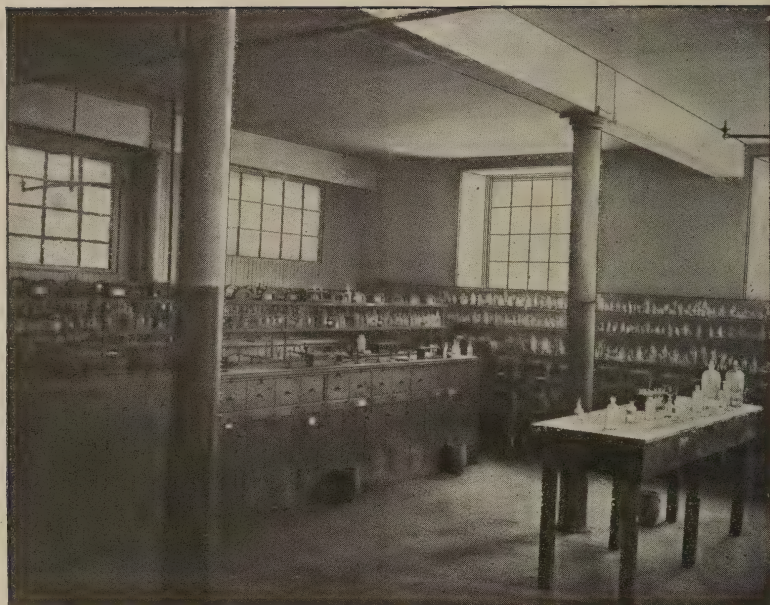


MEDICO CHIRURGICAL COLLEGE AND HOSPITAL.

ROSTER OF CLINICS.

FOR WEEK BEGINNING OCTOBER 23d, 1893.

HOURL.	MONDAY	TUESDAY.	WEDNESDAY.	THURSDAY	FRIDAY	SATURDAY
10 A.M.	THERAPEUTIC DIETETICS.	CHILDREN'S CLINIC.	MEDICAL CLINIC. Anders.	OBSTETRICS. Haehtlen.	ELECTRO- THERAPEUTICS.	
11 A.M.	SKIN CLINIC. Shoemaker.	Taylor.	Phila. Hospital.		SKIN CLINIC. Shoemaker.	
12 M.	MEDICAL CLINIC. Woodbury.	SURGERY. Shinnwell.	SURGICAL CLINIC. Laplace. Phila. Hospital.	PRACTICE. Anders.	MEDICAL CLINIC Anders.	
1 P.M.	NERVOUS DISEASES. Wolfe.	GYNECIC CLINIC. Ashton.	SURGICAL CLINIC. Pancoast.	SURGICAL CLINIC. Laplace.	EYE CLINIC. Fox.	ORAL SURGERY CLINIC. Garretson.
4 P.M.	OTOLOGY AND LARYNGOLOGY. Berens.					



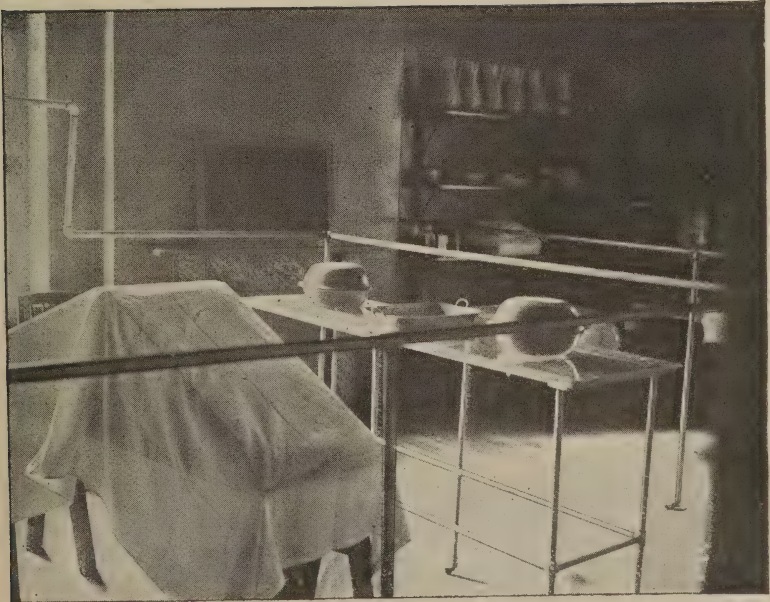
CHEMICAL LABORATORY.



GENERAL CLINICAL AMPHITHEATRE.



ACCIDENT ROOM.



OPERATING ROOM OF THE PROFESSOR OF GYNECOLOGY.



OPERATING ROOM OF THE PROFESSOR OF SURGERY.



PATHOLOGICAL AND BACTERIOLOGICAL LABORATORY.

The Times and Register.

Vol. XXVI. No. 42. PHILADELPHIA, OCTOBER 21, 1893. Whole No. 789.

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Address.

AN INTRODUCTORY ADDRESS AT THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.*

By *W. FRANK HAEHTLEN, M.D., Ph.D.,*
Professor of Obstetrics.

GENTLEMEN: It seems to me that the speaker chosen to deliver an address appropriate to an occasion of this kind should be one endowed with nature's inimitable gift of oratory, for in this talent alone lies that magnetic power, so to speak, of really entertaining an audience, and without it the speaker must needs be a failure, no matter how interesting the subject of his discourse may be. For reasons better known to my colleagues than myself, they have seen fit to confer upon me the honor of addressing you to-night. It would be untrue were I to say that I did not appreciate their courtesy, and yet, in the midst of so many, far better able to interest you than I am, I cannot but feel that they have made a mistake in their selection, and that you will think the same before I am through. No matter, however, you are not here for

the purpose of listening to a great orator, but have come to formally celebrate the opening of another session in this now venerable medical school.

To us it is a day of thanksgiving, and we reverently rejoice that through the Providence of God we have been spared in health of body and mind, and permitted again to gather together for another year's work.

An introductory lecture, to my mind, should be, after all, an address of welcome to the students and their friends. For to confine it strictly to any medical topic, as is done in some of our colleges, would be entirely out of place in an audience such as the Medico-Chirurgical is accustomed to have, a goodly part of which is composed of friends of the students, in whom their interest principally lies.

As to the practical application of my remarks, with reference to our mixed gatherings on these occasions, I would say that we are especially proud of them for two reasons: First, because of the many intelligent and beautiful faces that are always seen throughout the room, and I see in looking around there is an abundance here to-night. Secondly, because we know that every one present is

*This address is kindly furnished us from the advance proofs of the Medical Register.

a friend of the college; and that, let me say, is something to feel justly proud of.

Again, we are grateful to you all for the confidence and support you have given us in our work here, for a college would be virtually nothing without students and their friends. We, as a Faculty, would be powerless without your co-operation, and, therefore, there must exist a close relation between us. Student and teacher are mutually responsible to each other for the faithful performance of the manifold duties and obligations that are interchangeable between them, and he who loses sight of this fact is ever in danger of grossly and injuriously neglecting his duty, and will most likely prove a failure or, at the most, accomplish but little.

There indeed exists, further, a dependence upon each other. Each, while playing a separate and distinct role, is, nevertheless, absolutely dependent upon the other for the success of one of life's most important dramas.

We, as your teachers, perhaps, feel, more keenly than do you, the burden of our responsibility, and this is especially felt at the time we add our signatures to your diplomas. Not because you have not earned or are not qualified to receive them,—for we pride ourselves on the high standard of medical excellence attained by our Alumni.—but because we proclaim to the world, by the signing of these certificates, that you are now prepared to practice that which we have taught you throughout your college course.

It might be said that our responsibility should cease on the day of your graduation; and, again, it might be asked what more we could expect than your regular attendance in the lecture-room, hospital wards, and the several laboratories, and, at the close of your studies, brilliant examinations.

Let me say, right here, that the college course in medicine is, after all, but a preparatory one, and it is only after the student launches into practice that he realizes this, and now, for the first time in his life, must rely upon himself. He no longer sees things just as they appeared to him in college. Notwithstanding the various subjects had been clinically demonstrated to him there, he

is now called upon to make a diagnosis upon which, perhaps, will depend the life of his patient; and oh! how difficult and different this seems to him now! A mistake at this time may do him considerable harm, whilst a mistake in college can very easily be overlooked and corrected without detriment to any one. Of course, occasional mistakes will occur, especially in one's earlier practice, even to graduates of the Medico-Chirurgical College of Philadelphia.

For the sake of the profession which you represent, and especially the college from which you graduate, I beg of you ever to bear in mind that you always have sacred obligations to fulfill.

It is not every graduate in medicine that makes a successful physician. Success will rest with you, and is dependent upon your own individual industry.

Many who possess diplomas are quacks, and, of course, totally unfitted for the work, and yet they have equal legal rights with the intelligent and honorable medical gentlemen. The consequence is that medicine to-day is represented by men of all grades,—high and low, educated and uneducated.—and, strange as it may seem to you, it is, nevertheless, a fact that the charlatan does a surprisingly large portion of medical work throughout the world, and is patronized by people whose common sense, if they have any, or educational training, ought to teach them better.

I speak of this to warn you against anything that smacks of this medical humbug, and to inspire in you an aspiration for that only which is pure and noble.

Circumstances, I will admit, may from time to time somewhat alter your course and discourage you in your work, but your earnest and untiring efforts in the right direction will sooner or later bring with it a success perhaps far beyond your expectations. Rather a thousand times abandon your profession than drag it into disrepute, and thereby increase the practice of quackery, which is already alarmingly large.

A common mistake made by medical students is that they have completed their medical education the day they graduate from college, and that there is nothing more for them to learn. I pity

the poor deluded doctor who is of that opinion, for he must, sooner or later, come to grief from his chimerical notions and absurd egotism.

Medicine is continually growing on scientific lines, and the strides that have been made within a comparatively recent date are certainly amazing. We teach you to-day according to the most advanced knowledge, and yet we do not claim that it is infallible, for in ten years from to-day, or even in less time, perhaps, you will most likely be employing different therapeutical agents and methods of treatment from those we now teach you. The principles of treatment will, doubtless, remain pretty much the same, but the agents and methods employed in the various departments of medicine will, unquestionably, be different from those now at our command.

It is possible that this growth of improvement will continue until the end of time. Accepting this as a fact, consider for a moment, if you please, your situation ten years hence, if you *now* cease to be progressive, and are satisfied in leaving *good enough* alone.

Why, gentlemen, if you do this you will disgrace the profession, instead of adorning it as every one of you should do. Remember that medicine is far from being a real science, although it is rapidly approaching that end. Think of the lives that are spent in laboratory research and hospital investigations, and you will soon realize that man is not satisfied with the present medical status, as high as it is, but is striving with all his might to perfect that which is as yet very imperfect.

I believe that every one of you, besides making your livelihood from the practice of your profession, can do more than this, and that there is a special work for you to perform, which, if carried out, will give you a reputation of which you can be justly proud. Each one of you can do something that another cannot do, and it should be your ambition to seek for that something and make the most out of it.

To succeed in anything means to closely observe that which others have failed to see, and then adequately confirm this by subsequent observations made under similar circumstances. For

facts, after all, are more demonstrative and satisfactory to the general mind than are theories, and, in times so practical as the present, we ought to seek simple facts, rather than to advance improbable and contradictory hypotheses.

It is easy to make a theory if you know the facts of the case, but often most difficult to derive anything like the truth from many of our visionary theories. There is still lots to be learned in medicine, and the field for original research is open to every one of you.

For those of you present to-night there will certainly emanate a number of eminent men. Now who shall they be? The men who have passed the most brilliant examinations? Not necessarily so. Then, who shall they be? Why, you will find that they are the students who will remain students and observers all their lives. They are those who are not too vain to ask of another that which they do not know, and who are willing to serve the poor as well as the rich. These are the men who will ten years hence have acquired a wide reputation, and be holding important positions in our hospitals and medical schools, and whose influence for good will be felt in the communities in which they live.

If you have no ambition to reach a high pinnacle in the profession you have chosen, then you have mistaken your calling and wasted your years in useless study, reflecting, at the same time, discredit upon the noblest of all professions.

It is impossible to be successful in anything unless you have a definite object in view, and are constantly and eagerly looking forward to the future for advancement and development along the lines of your respective occupations.

The man who plods along without a care, anxiety, or ambition is usually one of very inconsiderable mental calibre, and amounts to very little to himself or anybody else. He is but an automaton.

Success does not generate spontaneously, but is the outcome of a divine Providence as a reward for industry.

Do not copy the personal characteristics of others, no matter how eminent they may be; for there is nothing more unbecoming in a man than to see him imitating another for the purpose of having his audience think him great. No

matter how clever the imitation may be, it is, nevertheless, but a burlesque, and makes a fool of the actor.

Personal characteristics are evolved spontaneously, and, whether they be good or bad, they are an integrant part of the man himself, and are not to be copied by others.

The developmental possibilities of your own self are far greater than you imagine, but many a good man has stunted his natural intellectual growth by mimicking others, and thereby proved a complete failure.

You may be like another in character, principle and greatness without copying his personal peculiarities.

Gentlemen, do not be a second anybody,—not even a Laplace, Pancoast, Anders, Shoemaker, Ashton, Fox, or any other great man; for to be a second anybody is virtually to be nobody. Be guarded on this point, and make for yourself a name by the highest development of your own natural powers; and when you have accomplished this, you will have become great even if you have fallen short of the natural intellectual capacities possessed by others.

Before concluding my remarks, I wish to say that I have appreciated your attention to this very simple but, I trust, practical talk, and thank you all for the patience you have had during its delivery. I am painfully conscious, from personal experience, of the fatigue occasioned by prosy speeches, and therefore have endeavored to be as brief as possible. I hope I have been successful.

Note.

A HOSPITAL FOR MELROSE, MASS.

A charter has been issued from the office of the Secretary of State for the incorporation of the Melrose Hospital Association. Royal P Barry is president of the new association, and Decius Beebe treasurer. The hospital will be used for the needy sick and disabled of the town. Those who are in a position to pay will be requested to do so. Money so received will go to the maintenance of the hospital.

Clinical Lecture.

LUPUS AND EPITHELIOMA.*

By JOHN V. SHOEMAKER, A. M., M. D.

GENTLEMEN:—We shall have the opportunity of studying together this morning two cases which are of interest from their points of resemblance and difference. In both cases the individuals affected are females one a young girl, the other an aging woman. In both cases the distinctive lesion is an ulcer of long standing.

Our first patient is twelve years of age. Upon the left cheek there is situated an open sore, of a roundish form, with a well-marked but soft border. The lesion is about the size of a silver dollar. Its surface is covered with pus which, in some situations, has dried into crusts. When, by means of a mop of carbolized absorbent cotton, I remove the pus, you can see that the base of the ulcer is red and studded with granulations. Scattered in the neighborhood of the sore are various reddish brown spots, papules and tubercles. The disease has not given rise to any pain. The mother who is an intelligent woman states that the malady has been in existence for about eighteen months, and that it began in the form of discolored spots. At first the spots were smooth, but in the course of some months they began to project above the general level of the skin. They were not very hard and occasioned no pain. Finally the lesions ulcerated and ran together, forming the sore which you now see. The surface has been broken for about a year. The child has been subjected to treatment which, upon the whole, has not been very satisfactory. At times a portion of the raw surface would heal, but after a while ulceration would again occur, either in the same spot, or in a more lately-developed nodule. The general tendency of the affection has been toward extension.

The second patient is sixty years of age. Three years ago a dry scab made its appearance upon the tip of the nose. The woman scratched off the scab, but it soon reappeared and from that time the disease has continued to spread. At

* Delivered at the Medico-Chirurgical Hospital of Philadelphia.

first the lesion was entirely free from discharge. Subsequently it would discharge a thin purulent matter when picked. The sore gives rise to piercing and tingling sensations in the nose. There is also considerable sharp pain radiating from the nose to the temple and forehead. At times the patient suffers from severe pain in the right eye. There is no family history of a similar disease. Prior to the development of the present lesion the woman had always enjoyed good health.

Upon the tip and extending outward upon the alae of the nose, especially upon the right side, you perceive an ulcer of oval form, the long diameter of which is about $\frac{3}{4}$ inch. The edges of the ulcer are raised. Its base is rough, of a red color and a scanty viscid, yellow secretion covers the granulations. When I feel the borders I perceive that they are very hard. The lesion has a sloping or funnel-shaped appearance. The submaxillary lymphatics of both sides are enlarged.

There is not much deterioration of the general health, though for some months past the appetite has not been as good as formerly and the patient is conscious that she has lost strength.

The first case is one of lupus vulgaris, and the second of epithelioma. Lupus usually begins before puberty, epithelioma is a disease of old age. Lupus consists essentially in an infiltration of small cells into the corium, whence they spread to the other layers of the integument. The infiltrate eventually undergoes degeneration. As the superficial layers of the integument become involved ulceration occurs. It is possible, however, for the degenerated material to become absorbed. Again a portion of the infiltrate may organize into connective tissue and undergo contraction. The morbid process may stimulate the papillae of the skin which may sprout into wart-like growths. In some cases these proliferations are so prominent a feature as to give name to a form of the disease, which is therefore known as lupus verrucosus.

The first perceptible manifestations of lupus consists of small spots which may stand apart, or may be closely grouped. They vary from the size of a pin's head

to that of a pea or a bean, are reddish, yellowish-red or brownish in color. The surface is smooth and pressure causes the discoloration to pale a little. As they enlarge they approach the surface, forming papules, tubercles or nodules. These lesions are generally of a brownish-red color and their surface may be either rough or smooth. The nodules are often soft. They may be firm to the touch, but they are not apt to be very hard. The surface of the lupous ulcer bleeds easily. Usually, as in the case now before you, the different phases of development can be recognized. We have an ulcer which represents degeneration of the lupous infiltrate and destruction of cutaneous tissue. In this characteristic we have one of the diagnostic features of the disease. Spots, tubercles, ulcers and atrophic results from cicatrisation may coexist upon different portions of the affected area.

Lupus is very prone to attack the face, but it may appear upon any portion of the body. It sometimes develops upon the site of a scar. There is a form of the disease, termed acne-lupus or lupus miliaris in which the tubercles are discrete and but slightly elevated, the size of a pin's head and deep red color. These bear a considerable resemblance to the early stage of acne, but the lesions of lupus do not suppurate.

Lupus vulgaris attacks mucous membranes as well as the skin, occurring in the former situation, either as a primary growth, or by extension from the skin. Lupus of the mucous membrane may be easily overlooked in the early stage. The first evidence of the process consists of reddish spots about the size of a pin's head, placed closely together and rapidly going on to ulceration. Lupus may, but does not as a rule, give rise to enlargement, or cheesy degeneration of neighboring lymphatic glands. Lupous ulcerations may, under certain circumstances, extend very deeply. Large and disfiguring ulcers are sometimes produced by this disease in the vulvo-anal region. Cases have been reported in which the disease attacked the neck and the canal of the uterus. Lupus of mucous membranes is most common upon those of the mouth, throat and eye.

Lupus vulgaris is much more frequent

upon the continent of Europe than in the United States. It is now generally regarded as a localized form of tuberculosis. The inoculation of lupous tissue into the eye of a rabbit will produce tuberculosis of the cornea and iris. The bacilli tuberculosis are found in sections prepared from lupous tissue. The micro-organisms, however, do not appear to be present in large numbers. One thing is certain, that lupus has a very definite and well-marked clinical history, together with typical lesions, which are quite distinct from those observed in that rare form of cutaneous tuberculosis known as tuberculosis cutis vera. Some cases have been observed in which lupus was transmitted by accidental inoculation from one person to another.

Epithelioma rarely occurs before the age of forty. It is most common between the fiftieth and sixtieth years. It is more frequent in men than in women. Though this disease may attack any portion of the integument its sites of predilection are muco-cutaneous outlets, as the nose, mouth, genitals and anus.

Epithelioma is divided into three varieties, the superficial, deep-seated and papillary. The case now before us represents the superficial form of the disease.

Superficial epithelioma begins in the outer layers of the skin as one or several small firm papules or nodules, varying in size from a pin's head to that of a shot. The lesions may produce a projection looking very much like a wart, or, as in the present case, the first sign which attracts the attention may be a dry scab. The nodule gradually enlarges in size by the aggregation of similar lesions developed around its periphery. After attaining a certain stage of development it breaks down and the resulting ulcer has elevated, indurated edges.

Deep-seated epithelioma, as implied by its name, originates in the deeper layers and first manifests itself in the form of one or more nodules. These gradually enlarge, coalesce and ulcerate. The sides of the ulcer are steep, everted and surrounded by a zone of infiltration.

In the papillary variety the lesion, in the beginning, resembles an ordinary wart. The papilloma at length cracks and gives exit to a little thin, sanious

discharge. Finally ulceration occurs and, as a rule, extends into the subcutaneous connective tissue.

The starting point of epithelioma is an artificial proliferation of the epithelial cells of the rete mucosum. The interpapillary processes dip down into the corium like the fingers of a glove. The enlarged processes branch and fork and neighboring tufts unite. The cells become compressed into compact masses, which sometimes are seen, under the microscope, to be arranged concentrically in the form of epithelial nests or epithelial globes. In other cases they display themselves as cylindrical or club-shaped masses. The vast increase of cells leads to compression of the blood vessels of the affected district, and consequent ulceration. When the ulcer invades the deeper structures the related lymphatic glands become involved, and in time, the composition of the blood is seriously changed. Toxic products are thrown into the circulating fluid. Urea is generated in excess, but is imperfectly eliminated. Muscles and viscera undergo fatty degeneration. Death may at length occur from sheer exhaustion or from implication of one of the internal organs. On account of the quantity of excrementitious material in the blood, death is often preceded by coma.

The theory has lately been advanced that the exciting cause of epithelioma as well as the other forms of carcinoma, is the presence of micro-organisms belonging to the animal kingdom and denominated protozoa or psorosperms. Bodies thought to be of this nature have been found in carcinomatous tissue, but whether they are really protozoa, or merely comified epithelial cells still remains in doubt.

Lupus vulgaris is often very rebellious to treatment and pursues a very chronic course, lasting for years without very decided deterioration of the general health. The disease is also prone to relapse when apparently cured. Patients having lupus are sometimes carried off by pulmonary tuberculosis. The prospects of ultimate cure are better in proportion to the smallness of the area involved. In old cases you will often see cicatrization in some situations, while in others fresh ulceration is taking place.

In the superficial variety of epithelioma the disease may remain for years without making much local progress or affecting notably the general health. It is three years you will remember, since our second patient noticed the apparently trivial scab upon the end of her nose. If, while the lesion is still superficial, it be thoroughly extirpated the disease will, in many cases, never recur. The deep-seated variety usually returns after removal. The papillary form is the most malignant and generally terminates in a fatal issue a year or two after it first makes its appearance.

From the foregoing description and contrast of the natural history of the two disorders you will perceive the importance of an early and correct diagnosis. Lupus, though a troublesome and disfiguring affection, does not generally tend to death. Epithelioma proves fatal in most cases. When you have as in two cases now before us, a sharp contrast between a youthful and an elderly patient, you will scarcely fail to remember that lupus belongs to youth and epithelioma to age. But if a patient were forty-five years of age, and had suffered for many years from lupus, we might, from the naked-eye appearance alone, experience some doubt as to the nature of the disease. The chronicity is, however, an element of diagnostic value. A lupus may continue for twenty years with alternate outbreaks and lulls. Even the least malignant case of epithelioma will run its course within a few years, usually three or four at the utmost. There may, indeed, be periods during which epithelioma remains in status quo but the ulcer does not cicatrize. Before proceeding farther in the differential diagnosis between lupus vulgaris and epithelioma let us first clear the ground by separating each of these maladies from others with which they may possibly be confounded.

It is necessary to distinguish lupus vulgaris from lupus erythematosus. The former affection originates before and the latter after puberty. Erythematous lupus gives rise to circumscribed patches, slightly elevated, of a red color covered with thin grayish or yellow scales. There is no scaling in lupus vulgaris and no nodules or ulcers in lupus erythe-

matosus. In the latter affection, moreover, the sebaceous glands in the neighborhood of the lesion are implicated. They are generally opened and filled with comedones. At other times their orifices are sealed up and, distended by secretion, they resemble milium. No such appearance is present in lupus vulgaris.

The tubercular syphilide resembles the lupous tubercle. The latter, however, are usually confined to one locality of comparatively limited area, and are of slow development. The syphilitic lesions come out rapidly upon different portions of the body at the same time. The tubercles of lupus are softer than those of syphilis, they are of brownish-red while those of syphilis are copper-colored. Lupous ulcers exhibit a tendency to coalesce. Those of syphilis stand apart. The former are of slow evolution and cause unsightly scars. The latter progress rapidly, and leave a smooth, white scar. The history of the two affections is widely different.

Prior to ulceration an epithelioma might be confounded with an ordinary wart, or with a hard chancre. An apparently simple wart appearing after the age of forty should be regarded with suspicion and removed as, even if innocent in the beginning, it is apt to be transformed into an epithelioma. The history of the case and the course of the lesion serves to distinguish epithelioma from chancre. Ulcerated epithelioma may resemble the ulcer of tertiary syphilis, but the latter lesion is generally multiple, while the former is almost invariably single. Epithelioma is surrounded by an area of hardness, its secretion is scanty and blood-stained, while that of syphilis is yellow and abundant. Epithelioma is attended by pain. Syphilitic ulcers occasion no notable suffering.

Let us now revert to the distinction between lupus vulgaris and epithelioma. The former disease usually begins in childhood. It is attended by numerous lesions in different stages of lesion, and situated, perhaps, upon different portions of the body at the same time. Lupous ulcers are accompanied by free suppuration, and give rise but to little pain. Epithelioma begins late in life, presents

a single lesion, its ulcer is surrounded by a hard zone of infiltration, is covered with a scanty, unhealthy and offensive secretion, and causes sharp pain. In lupus we see a tendency to repair, which is totally absent in epithelioma. The latter disease causes enlargement of the neighboring lymphatic glands. The treatment of lupus vulgaris generally requires constitutional in addition to local measures. The object of the former is to improve nutrition, of the latter to destroy lupous tissue and promote cicatrization. The patient should be surrounded by good hygienic influences, the digestion should be carefully attended to, and the diet should be simple and nutritious. Tonics are often demanded. Cod liver oil, syrup of the iodide of iron, creasote, phosphorus, potassium chlorate, calcium chloride and arsenic are remedies which may be advantageously employed.

A good local procedure calculated to promote absorption of lupous nodules is to deplete the lesions with a small needle-knife. Free bleeding is encouraged by the application of warm water, and the operation is repeated every third or fourth day. After the operation, a mild mercurial ointment is used as a dressing. Cauterization of the nodules by means of ethylate of sodium, caustic potassium, Vienna paste, nitrate of silver or arsenic oleate is also effective. These substances may be painted upon the surface or introduced within the nodule. An ointment containing 1 or 2 drachms of pyrogallie acid to the ounce possesses the merit of acting only upon diseased, and sparing healthy tissue. Pyrogallie acid, caustic potash and arsenic have the disadvantage of causing a good deal of pain. The actual or galvanic cautery are also beneficial measures. They are able to entirely destroy the diseased tissue. The nodules can be removed en masse and the bottom of lupous ulcers freely scraped by the sharp spoon or dermal curette.

As dressings to ulcerated lupus we may profitably make use of iodoform, aristol, euophen, salicylic acid, creolin and other remedies which assist cicatrization.

In the case of this child, who is pale and of a strumous appearance, I shall

prescribe ten drops of syrup of iodide of iron to be taken in water after each meal, together with half a teaspoonful of cod-liver oil three times a day. I shall deplete the outlying nodules with the needle-knife, and as an application to the ulcer, shall order the following ointment:

R	Acidi borici	3ss
	Zinci carbonatis	3i
	Unguenti camphoras salicylati	3i

Our second patient, the woman suffering from epithelioma, shall be placed upon a nutritious diet consisting of milk, eggs, vegetables and fruit, with a restricted supply of meat. We have no remedy with decided power of arresting the disease. At an earlier stage I should have unhesitatingly counseled excision of the lesion. As, however, lymphatic involvement has taken place, the prognosis, notwithstanding the comparatively superficial character of the ulcer, is grave. Excision of the ulcer would require a plastic operation in order to supply the place of the tissue removed. It is true that the enlarged lymphatics could be easily removed at the same time, but the mischief has, in all probability, by this time extended to deeper glands, beyond the reach of the knife. It is pitiable, in such cases, to find ourselves consulted too late, and confronted with an almost hopeless condition. Early excision is, in a large number of cases, followed by complete recovery, and especially in the superficial variety. Nevertheless, I think that I should advise here excision of the ulcer and affected glands, since the latter are easily movable and have contracted no adhesions.

In cases where the patient shrinks from an operation we endeavor to arrest the disease by means of arsenic, resorcin, aristol, ethylate of sodium, pyrogallie acid, etc. In several cases I have seen good results from the use of jequirity.

Note.

SMALL-POX.—Four new cases of small-pox have occurred in New York, and five cases in Brooklyn. The new cases all occurred in a tenement-house occupied by about fifty people.

Original Articles.

HALLUX VALGUS.

By W. BLAIR STEWART, A. M., M. D.

[Instructor in Therapeutics; Late Instructor in Practice
Medico-Chirurgical College, Philadelphia, Pa.]

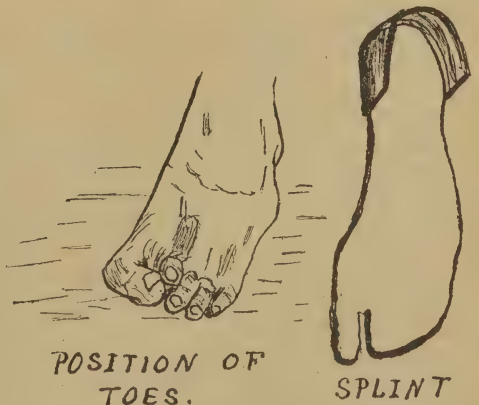
A VERY common form of deformity met with in treatment of diseases of the foot is that known as hallux valgus. It is a displacement of the great toe towards the outer edge of the foot causing an overriding of one or more of the smaller toes and imparting a pinched appearance to the whole foot. A large number of these cases is dependent upon one of the vanities of human nature, viz: making a number six foot fit a number five shoe. It is often dependent upon improperly treated traumatism of the foot. It was my privilege to meet with a case of the latter class and the treatment and results may prove a matter of some interest. Hallux valgus is rarely congenital unless as a complication of one of the forms of club-foot.

H. G., single woman; aged 18; domestic. She gave the following history of her case. When sixteen years of age a horse tramped on her left foot, producing a large bruise over the phalanges and metatarsal bones, together with a displacement of the great toe inward. A physician was called and applied a soft bandage around the foot and toes, taking no precaution to separate the toes with cotton nor to bind the foot on a firm board or splint. "Lead water and laudanum" was applied; the swelling subsided and she used her foot in ten days afterward, but with great pain. Strong liniments, iodine and numerous other remedies were applied subsequently but with no avail. She finally gave up all treatment and settled herself a martyr for life to an improperly treated traumatism. When she came under my care, February 1892, her condition was such that she could not follow her regular duties.

Left foot; slight flexion of all the toes; great toe displaced toward the outside of foot; second toe completely overriding great toe; prominence of metatarsal bone of second toe on upper surface of the foot; marked swelling, tenderness and pain on voluntary movement of the

toes, extreme pain on every movement of the parts and inability to bear the weight of the body when the foot is placed in the natural position. Her usual way of walking was on the outside of the foot or heel. In addition to this she wore a shoe much too small for the foot and with pointed toe.

Treatment. Patient forbidden to walk or use the foot. For one week the foot was elevated and treated with hot applications and laudanum, locally, until all inflammation disappeared. She was ready for active treatment but, as all anesthetics had been refused and were contraindicated by her extreme nervousness and debility, unnecessary manipulation had to be avoided. The object was to break up all adhesions and replace the toes in their normal positions. She was placed in the recumbent position with the head on a level with the body, but she insisted in rising up to watch the operation and suddenly fainted. This was my opportunity and all adhesions were speedily broken up and the toes restored to their normal position before she recovered. The whole operation occupied two minutes. The foot was then tightly bound to a splint specially prepared. It was made from a one-quarter inch board cut to conform to the natural sole of the foot. A slit was cut into the toe of it so that the great toe could be bound to it separately;



a strong piece of paste board was applied as a heel and the whole padded with cotton. Each toe was separated with raw, oily cotton and the whole foot bound

firmly to the splint, great care being taken to bind the great toe separately to the toe of the splint and to make firm pressure on the top of the foot.

The splint remained for ten days when it was taken off and the foot gently manipulated. The splint was removed daily for the purpose of passive motion, and about the fourth week, she could walk with comparative ease. Six weeks from the date of operation she was at her usual duties; all deformity gone; no pain; no effusion; full use of the foot, and, most important, was wearing a good large shoe with broad toe.

This case serves to illustrate the necessity of proper attention of all injuries of the foot at once. In the more aggravated forms of hallux valgus, where bony adhesions have formed or where tendons have firmly contracted, the use of the knife is indicated, but the same principle is involved in the treatment of every case, viz; (1) restoration of the parts to their normal position; (2) maintaining them in that position, and (3) reduction of all inflammatory symptoms.

BRYN MAWR, PA.

MENINGITIS, WITH REPORT OF A CASE.

By SAMUEL WOLFE, A. M., M. D.

[Clinical Professor of Nervous Diseases, Medico-Chirurgical College, Philadelphia.]

THE following case has interesting features, representing as it does, some of the more serious consequences, which may arise from gonorrhea, and some medico legal questions which may surround the actions of a man in a delirious or comatose state.

About the 10th of April, 1892, S. came to me suffering from an attack of gonorrhea, which had been contracted a few days before. He was forty years old, and I had attended him about a month before with herpetic sore throat, from which he was an occasional sufferer. He was throughout life a free drinker, and high liver, but manifested no specially obtrusive symptoms, indicating organic disease due to alcoholic indulgence.

He got along with his gonorrhea, for which I instituted the usual line of treatment, about as well as could be expected, seeing that he allowed himself after a week

or so of abstinence, to be enticed into a free conviviality with some companion or other. After some up and downs of this sort extending over about three weeks, he drifted out of my sight, with the discharge well under control, but not entirely gone. About June 1st, I was hastily summoned and found him in a high fever, with great precordial pain, and free swelling of right elbow and left wrist, with great tenderness. I prescribed salicylates for this rheumatic seizure, and within twenty-four hours the symptoms had all materially abated. In spite of my protestations, he now went away bolstered up on pillows in a carriage, saying that he had certain business engagements which, must be looked after, and came back after a few hours, as I had anticipated; with the acute rheumatic symptoms again fully developed. They proved less amenable to treatment this time, and after a few days an intense and persistent headache appeared. He also frequently vomited. A mental state in which lethargy and delirium and even coma were alternating phases supervened, but in every condition, when any reply could be elicited, there was always complaint of headache. The temperature vacillated between 99 and 101.400. The pulse was generally between 88 and 100. The condition was diagnosed as meningitis, in which I was supported by Drs. Marshall and Burns, who saw him in consultation. He died on the 16th day of the disease, the pulse during the last day rising to 160, the temperature to 105 and the respiration to 400. As to the treatment, hypodermics of hydrobromate of hyoscin in $\frac{1}{120}$ grain doses were found useful in quieting the wild delirium to which he was especially liable at night, but the only effectual medication that could be found for the intense headache was hypodermic morphia. Mercury, potass. iodid, bromides, chloral hydrate, were amongst the drugs used, and the ice cap, and blisters to head, neck and spine had their turns.

About thirty-six hours before his death, two creditors of the patient gained admission to his room, and managed to get him to sign a judgment note. Soon after his death proceedings were instituted to open the judgment, the heirs

claiming that the mental condition at the time of the signing, was such as to make the signature worthless. In the testimony elicited, I was obliged to admit that there were periods, generally, of short duration, up to the day of death, during which the patient could be roused to an appreciation of his surroundings, and during which he gave evidence in his responses to questions and in his conduct generally that his ideas were fairly coherent. But during a very large portion of this time the comatose state was so deep, that this was impossible. But even granting that he might give coherent answers to questions addressed to his present physical condition, it was still an open question whether when roused to such a degree that he might mechanically write his name, which by the way was so poorly done that it was almost impossible to recognize it as his signature, he was in a state of mind to comprehend the significance of the act, and the responsibility it entailed.

As a legal case I think it is still pending, but I incline to the opinion that the weight of evidence was against the holders of the judgment.

A BRIEF REVIEW OF THE ATTITUDE OF OUR MEDICAL SCHOOLS IN RELATION TO MATRICULATE AND GRADUATE STUDIES.*

By R. LOWRY SIBBET, A.M., M. D.

MR. PRESIDENT AND FELLOWS :

Permit me to introduce a subject which can be more easily discussed in our association than in any other. Before our Academy was organized we could only meditate in silence upon the attitude of our Medical Schools, in relation to matriculate and graduate studies; now we can express our sentiments with greater confidence and without fear of giving offence to our friends. We have not only the catalogues and announcements of our numerous medical schools, but we have the reports of our state boards of medical examiners which contain valuable statistical information on the subject.

First of all, we may state that accor-

*Read before the American Academy of Medicine, Milwaukee, Wis., June 3, 1893.

ding to the last report of the Illinois State Board of Health, 294 Medical Schools were organized in the United States prior to 1891—that 159, from one cause or another became extinct, and that 18 are on record, as fraudulent. Of the whole number, 198 were organized on a liberal basis, that is, without regard to disputed theories in the practice of medicine, and that 87 of these are extinct; that 26 were organized as *homeopathic* and 13 of them are extinct; that 37 were organized as *eclectic* and 28 of them are extinct; that 8 were organized as *physio-medical* and 6 of them are extinct that 7 are registered as *miscellaneous* and all are extinct. There remains 135 which are thus recorded—111 liberal, 13 homeopathic, 9 eclectic and 2 physio-medical. With these unwelcome facts of history before us, may we not hope that the period for this kind of adventure in our profession has passed away for ever.

It seems most convenient and entirely fair to arrange these institutions in groups, and to indicate the value of the degree of Doctor of Medicine which they confer by the time, the money and the study required for matriculation and graduation.

At the head of the first group we cheerfully place the Medical Department of Harvard University. This renowned institution has fortunately given to the public in its recent catalogue all the data needful for our purpose. She has munificently provided for a four years, graded course of instruction in medicine, but her requirements for matriculation in her medical school are manifestly unequal, and therefore the value of her degree of Doctor of Medicine varies.

To illustrate. This noble institution requires at least two years of diligent study for matriculation in her school of liberal arts; afterwards four years of close study are added, before the degree of Bachelor of Arts is conferred. The studies pursued are usually regarded as classical, scientific and literary. This extended preparatory course, therefore, costs the student six years of faithful study, after which he is at liberty to choose Theology, Law or Medicine as his life-work. If he enters the medical school of Harvard and pays for another four years of instruction his degree of

Doctor of Medicine costs him ten years of study.

But the Harvard Medical School accepts degrees of less value, as evidence of fitness for matriculation, such, for example, as Bachelor of Science and Bachelor of Philosophy, besides certificates from public and select schools in good repute. At present 420 students are arranged in four classes and of these 161 are credited with literary degrees. The remaining 259 students are accepted with certificates or were obliged to stand an examination. The minimum requirements for matriculation are a knowledge of the rudiments of the Latin language, English Grammar and Composition, Algebra through Quadratic Equations and the Elements of Natural Philosophy and Chemistry all of which are supposed to be equal to the requirements for admission into the Freshman class of her School of Arts, making two years of study. The inequality in the requirements for matriculation is therefore clearly established. Some have spent six years in preparation, some five, some four, some three, and a large proportion two. By adding to these years of preparatory study, four additional years of medical, we obtain the several values of the degree of Doctor of Medicine, as conferred by this small group of institutions which at present do not exceed half a dozen.

We come next to consider the attitude of a much larger group of medical schools in relation to matriculate and graduate studies. These have shown a willingness to follow in the way of improvement, and have provided for a three years' graded course of instruction, but upon a lower plain or basis. They number about ninety-five, whilst others are preparing to unite with them.

At the head of this group we place the Medical Department of the University of Pennsylvania the oldest of all our medical schools. Taking as our guide, the recent catalogue and announcement of this venerable institution, we find that 679 medical students have been admitted and are arranged in three classes; 152 of them are credited with literary degrees, such as Bachelor of Arts, Bachelor of Science and Bachelor of Philosophy which may indicate six, five or four years

of preparatory study. Some of the remaining 527 were admitted on the presentation of certificates from Normal schools, High schools and private institutions in good standing, with or without a knowledge of Latin nouns and declension. Others who could not present such certificates, it is announced, were required to pass an examination; but the minimum requirements for matriculation in this school do not include the rudiments of the Latin language or even a knowledge of the genitive case of Latin nouns so much used in writing prescriptions.

Nevertheless we are disposed to give all such matriculants credit for two years of preparatory study, though they could not have been admitted into the freshman class of any school of liberal arts. Here again the inequality in the requirements for matriculation is apparent; some have spent six years in preparatory study, some five, some four, some three and a large proportion two. By adding, therefore, the three years of medical study and instruction, we obtain the several values of the degree of Doctor of Medicine, as conferred by this large group of medical schools.

But there is a third group of medical institutions in our country, numbering in all about thirty-five which must be considered. These provide for a two years course of instruction—lectures which are delivered before the whole school at the same hour. The applicants for matriculation are supposed to have been under the supervision and instruction of preceptors at least one year and a half, and are prepared to understand plain lectures on medical subjects. But the rules and precedents of a former generation in the profession are now disregarded: an easier and cheaper way has been found. The preceptor accepts a small fee for doing very little; and the student is impatient to enter the profession; the Dean of the faculty encourages the applicant to join the class, and reasons in this manner: *Without students we must close the doors of our institution as others have done.* The applicant matriculates without an examination; gradually the professors discover that a large proportion of the class is afflicted with hopeless illiteracy for which there is no cure; cramming is the only

thing that can be done. The final examination comes and is regarded, both by professors and students, as a farce. The farewell address is delivered which closes with this appropriate invocation: And may God assist you in the practice of a noble profession!

It is not necessary to select any one of this group of medical schools to represent the others. Their catalogues and announcements are freely distributed in the profession. They propose to furnish a cheaper degree than the other groups. We may indeed give them credit for an occasional student with a literary degree, but it is not considered good policy to indicate the fact in the catalogues. All are placed on the same level. The minimum requirements are given in ambiguous terms, so that the aspirant for a cheap degree may have no fear, either of matriculation or graduation. The Illinois State Board of Health registers a dozen or more of this group of schools which decline to give a satisfactory account of themselves, and it is well known that some of them confer degrees upon persons who were not in regular attendance upon the lectures. The trustees and faculties of these institutions apparently run them without regard to requirements: nevertheless we are disposed to give them full credit for all they may reasonably claim.

The following table represents the great inequality in the value and cost of the degree of Doctor of Medicine, as conferred by these several groups of medical schools in the United States:

1st Group,	10, 9, 8, 7, 6,	} years of study for the degree of Doctor of Medicine
2d "	9, 8, 7, 6, 5,	
3d "	8, 7, 6, 5, 4,	

Here we may rest a few moments and in the meantime notice that each of these groups is credited with five grades or valuations in the degree. The first group begins with a valuation of 10 years of study for the degree and drops down to 6. The second group being with a valuation of 9 years of study and drops down to 5. The third group begins with a valuation of 8 years of study and drops down to 4. Placing these three groups in one series we have seven grades or valuations in the degree of Doctor of

Medicine. Thus, the numbers 10, 9, 8, 7, 6, 5 and 4 represent so many years of instruction and study, and therefore the cost and value of the degree.

It is not possible to state how many of the 4,000 students who annually enter the profession in our country, belong to these several groups; nor can we indicate how many belong to each of the grades here represented; but we have reason to believe from data already collected that not more than 5 per cent. of the whole number of practitioners of medicine in the United States can claim a literary degree which cost five years of regular study or the equivalent of irregular study, without the degree.

We have now accomplished the main purpose of our paper which has been to establish the fact of the great inequality in the value of the degree of Doctor of Medicine, as conferred by our medical schools, and it only remains to formulate a few inferences which are equally apparent.

1. This inequality in the value of the American degree of Doctor of Medicine is the chief reason why the degree is not recognized by the governments of European countries, or by the profession in Europe.

2. American Medical schools have made a prolonged effort, extending through a full century, to educate an important class of citizens by the use of the material sciences, that is to say, the medical, without the preliminary mental training required by European medical schools, and have signally failed. This fact has been clearly demonstrated by the humiliating reports of the Medical Examining Boards of our army and navy, and by the reports of our thirty-two state boards of medical examiners.

3. That any attempt to supplement this kind of education by the use of the material sciences, that is post-graduate medical studies must equally fail, except in the case of those who have laid a broad foundation in a protracted course of liberal studies. To substitute the material sciences for Rhetoric, History, Mathematics, Languages and especially the Mental and Moral sciences is to dwarf the faculties of the human mind and soul, and to make the student

of medicine a heartless practitioner and materialist.

4. The Trustees and Professors of our numerous medical schools should not forget, as many Americans do, that time is a most important condition in the matter of education, and that it is quite as important in our country as in any other.

CARLISLE, PA.

NOTE. Any other unit of valuation could be used as a month, a week, a day or an hour and with as much force as a year, but the same should apply equally to preparatory studies, if we would avoid teaching a fallacy.

Notes and Items.

CONGENITAL ABSENCE OF NAILS.

Dr. Herman Eichhorst reports in the *Centralblatt f. Klinische Medicin* of April 8, 1893, the case of a man twenty-six years of age, who had no nails on either fingers or toes. The nail-bed and fold were well formed, and the former presented a shiny surface, giving the appearance of a very thin nail. Close examination, showed, however, that there was not the slightest trace of a nail, the skin of this part being softer and more delicate even than the surrounding integument. Sensation was also as acute here as on the palmar surface of the fingers. The man's hair and teeth were perfectly normal.

SHORTEN THE NOMENCLATURE!

"Who says convolution,
When he might say gyre,
Would cry conflagration!
When he might shout fire!"

—*Med. News.*

A well-known doctor of the city, who has a very prominent abdomen, recently confined a lady, and in a day or so the following conversation was overheard: First little girl: "Where did you get your baby?" Second little girl: "Dr.—— gave it to us." First little girl: "Oh has he got babies?" Second little girl: "Oh, yes," he's just full of 'em.

—*Gross Medical College Bulletin.*

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, OCTOBER 21, 1893.

THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

YOUNGEST of Philadelphia's medical colleges, the Medico-Chirurgical has from her birth demonstrated a vigorous vitality that presaged success. Her founders believed that for institutions as well as men there is room at the top, and her first prospectus announced requirements for admission and for graduation equal to the highest in the country, and higher than those of any other school in Pennsylvania, with possibly one exception. In every contest conducted upon terms of equality, the graduates of the Medico Chirurgical College have proved their ability to compete successfully with the older schools, in spite of the advantage the latter possessed in their larger classes.

For, other things being equal, the best out of 500 ought to be superior to the best out of 150. These contests have fairly demonstrated alike the excellence of the educational methods of the college, and the superior quality of the students attracted to her halls.

At the opening of the thirteenth annual term, the institution makes the following showing: The college buildings are situated on Cherry street above Seventeenth, in the heart of the city, within a few squares of the City Hall, the Pennsylvania and the Reading depots. In the vicinity are to be found the Orthopedic Hospital and Infirmary for Nervous Diseases, Wills Eye and Ear Hospital, the Gynecean and Charity Hospitals, the Academy of Natural Sciences, the Academy of the Fine Arts, the Nurses' Home, and the Preston Retreat.

The College contains three large amphitheatres, laboratories for practical work in chemistry, histology, pathology, bacteriology, hygiene, physiology, therapeutics and pharmacy; with apartments for operative surgery, bandaging and fracture dressing, and a commodious dissecting room in the upper story. In the basement is a reading and meeting room fitted up under the auspices of the Y. M. C. A. The college hospital has been recently enlarged and now accommodates 150 patients in the wards and private rooms. Even with the recent additions the hospital cannot accommodate all who apply, and a large house on Eighteenth street has been purchased and fitted up for the nurses' quarters. The outdoor clinics are largely attended, over 12,000 cases having been treated in the various departments during the past year. Excellent opportunities are afforded for clinical instruction in all the various departments of medicine and surgery; while an obstetrical department has been established. Members of the faculty are connected with a number of the city hospitals, whose clinical advantages are enjoyed by the students of all the city colleges. Competitive examinations are held at most of these for the positions on the resident staff, especially at the Philadelphia Hospital, whose examinations are conducted by a Board composed of one member each from the Jefferson, Medico-Chirurgical and University of Pennsyl-

vania faculties. Since this Board was organized appointments have been made strictly in accordance with the results of these examinations, the Medico-Chirurgical College having always exceeded the proportionate number of successful candidates of the other schools, the average grade being also higher. At the Medico-Chirurgical Hospital, four residents are annually chosen from the graduating class to serve for one year.

During the past year, Prof. P. D. Keyser has withdrawn from the chair of Ophthalmology, after many years of most active and valuable services to the College; being succeeded by Dr. L. Webster Fox, whose reputation in this specialty is widespread. Likewise Prof. Chas. Seltzer has been succeeded in the chair of Hygiene by Dr. Seneca Egbert. Dr. J. Madison Taylor has been elected to the chair of Children's Diseases.

Every candidate for admission to this College must present to the Faculty satisfactory evidence of good moral character. All persons who seek to matriculate *for the first time* are required to undergo an examination for admission, with the following exceptions:

1. Applicants who declare themselves not to be candidates for the degree of M. D. from this College.
2. Applicants who present diplomas or certificates of graduation in arts, philosophy, science, medicine, pharmacy, dentistry and veterinary surgery from recognized schools.
3. Applicants who present certificates from recognized colleges or schools to the effect that they have studied satisfactorily any or all the subjects demanded for admission to the college, are admitted without examination *in the subjects so certified to*.
4. Applicants who present a teacher's certificate from a county school superintendent; a certificate of satisfactory examination before a duly organized county medical society or one of the censors of the school.
5. Students taking a three years' course in this college must present a preceptor's certificate of having studied medicine one year previous to matriculation, according to the new law of this State.

The examination for admission is upon the following subjects, viz.:

1. English : The writing of a composition, the subject to be announced at the time of examination.

2. English history.

3. Elementary physics.

4. Arithmetic and Algebra to second equations.

5. Latin : Declensions and Conjugations.

Arrangements may be made for examination by application to the Dean.

Students having attended one course in a regular medical college are admitted to the second year of the college upon passing a satisfactory examination in the studies of the first year ; those having attended two courses are admitted to the third year upon passing a satisfactory examination in the studies of the first and second years.

Graduates in pharmacy, dentistry, and veterinary medicine are admitted to the second year.

Graduates of a regular medical college having a three years' graded course are admitted to the fourth year without examination. The diplomas of graduates of other schools are only endorsed by this school after the applicant has passed a satisfactory written examination in anatomy, physiology, chemistry, materia medica and therapeutics, pathology, hygiene, surgery, obstetrics and practice. The fee for such examination is \$25.00, and is not returnable.

Special attention is paid to laboratory work, in the first years, while thorough instruction at the bedside is given, in the wards of the Medico-Chirurgical, Philadelphia, and St. Agnes' Hospitals, under the direction of the members of the faculty.

Attendance upon three annual sessions is required of all candidates for the degree of Doctor of Medicine.

The course is graded and so arranged that the studies of one year are a necessary preparation for those that follow.

The first year is largely devoted to practical laboratory work in the fundamental branches.

Didactic teaching and recitations are supplemented by demonstrative and practical courses. Instruction is given in dissection, practical histology, pharmacy, chemistry, physiology, hygiene, pathol-

ogy, physical diagnosis and in surgical dressing.

In the second year dissecting is continued and laboratory work in hygiene and general pathology. The general branches of medicine, surgery and obstetrics are taken up in lectures, clinics and bedside instruction. Special attention is given to each student during the year in practical diagnosis.

In the third year the courses of lectures, bedside teaching and clinics are continued upon practical branches, while recitations upon each branch are added; clinical lectures on the various specialties, together with a complete practical course in bacteriology.

At the close of the third year the student has the option of becoming a candidate for the degree of Doctor of Medicine, or continuing his studies during the fourth year.

Students are earnestly recommended to prolong their studies during the fourth year, for further clinical instruction and a more rigid training in the various specialties and in the methods of conducting original research.

At the close of this session the student may become a candidate for the degree Doctor of Medicine *cum Laude*, or, if he passes with an average above ninety, will receive the degree of M. D. *Summa cum Laude*.

A thorough system of quizzes is conducted by the professors themselves and their assistants, upon all the branches, free of charge. The importance of this special feature cannot be overestimated.

Examinations are held as follows :

1. At the end of the *first year* : Anatomy : (a) Osteology, Syndesmology, and Myology, (b) Normal Histology ; Chemistry ; Materia Medica and Pharmacy.

2. At the end of the *second year* : Anatomy—Angeiology, Neurology, Viscerology, Surgical Anatomy, Physiology ; Pathology : (a) Pathological Anatomy ; (b) Pathological Histology ; Hygiene.

Students are required to pass in all the studies of the first and second years before entering upon the third year.

At the end of the *third year* : Obstetrics, Gynecology, Diseases of Children, Practice, Clinical Medicine, Diseases of Skin ; Surgery, Clinical Surgery, Oph-

thalmology; Therapeutics, Medical Jurisprudence, Bacteriology.

Students taking a four years' course will be examined in these subjects at its close.

4 At the end of the *fourth year*: Clinical Medicine; Clinical Surgery; Ophthalmology, Laryngology, Otology; Gynecology, Diseases of Children; of the Skin; Electro-Therapeutics; Medical Jurisprudence; Diseases of the Nervous System; Genito-urinary Organs and Venereal Diseases.

Requirements for Graduation:

1. The candidate must be twenty-one years of age and of good moral character.

2. He must have attended at least three annual courses of lectures, the last of which must have been the third or fourth year at this school.

3. He must have passed a satisfactory examination in all the branches of the curriculum.

4. He must be present at the commencement.

Physicians, graduates of regular medical colleges in good standing, are permitted to enter any of the courses of study given in the institution. A certificate of actual attendance will be given upon request.

Physicians desirous of becoming familiar with any of the special departments will be afforded opportunity of a course of six weeks' duration at any time throughout the year.

Physicians who wish to become candidates for the degree of Doctor of Medicine must enter the College in October, and take with the class the course of instruction comprised in the list of studies for the third year.

The Winter Session began Monday, October 2d, and will continue until the commencement, May 11th, 1894.

The class is larger than ever before, the matriculates numbering 147 at the time of writing.

The Museum contains the Pancoast collection, founded by the late eminent Prof. Joseph Pancoast and annually augmented by Prof. Wm. H. Pancoast. It is admirably adapted for teaching by the character and variety of its specimens, illustrating as it does the normal and morbid anatomy of every portion of the human body.

The fees are as follows:

FIRST YEAR.

Matriculation, paid only once	\$5 00
Tickets for the entire Course	120 00
Chemical Laboratory	5 00
Histological Laboratory	5 00
Dissection Ticket	10 00

Total . . . \$145 00

SECOND YEAR.

Tickets for the entire Course	\$120 00
Pathological Laboratory	5 00
Hygienic Laboratory	5 00
Dissection Ticket	10 00

Total . . . \$140 00

THIRD YEAR

Tickets for the entire Course	\$120 00
Bacteriological Laboratory	5 00
Operative Surgery	5 00

Total . . . \$130 00

FOURTH YEAR, entire Course, \$100.

Students that have not taken three courses at this College will be required to pay a graduation fee of \$25.

THE PREVENTION OF PHTHISIS.

THE recent resolution presented by the County Medical Society to the Philadelphia Board of Health, urging that tuberculosis be reported to the authorities as cases of contagious disease while, perhaps, a theoretically practical thing is not without its objections.

We all know that the safest plan of preventing the spread of a contagious disease is the isolation of those who are sufferers from such malady already.

Bacteriology demonstrates that tuberculosis is a parasitic malady, inasmuch as bacilli are found in the blood of those affected with it. Theory and some practical observation assert, that it is an infectious, as well as contagious disease, because it always arises from some previous case, either directly or indirectly. Logically, then, we should isolate our patients suffering from phthisis, if we would insure safety to the health of the community at large. But, here humanity steps in and interdicts such procedure. Few sights appeal more to public sentiment and kindly sympathy than that of the tender care and tireless nursing bestowed by loving mothers, sisters or

brothers upon the fading flower of the family; and, yet, few can be more appalling to the family physician who believes in the contagiousness of tuberculosis, and in whose mind dwells a vision of the dark future for those fond friends and kindly nurses, when one by one they must droop in turn.

What, then, must the physician do or say when he is called upon to arrange the mode of life for the first victim of phthisis affected in a household?

Have we yet all the facts in the contagiousness of tuberculosis?

Does the assertion of the infectiousness of phthisis by spores and bacteria carried in the dust of the air, in milk, or in a dozen other vehicles cover the whole ground?

May there not be other conditions as necessary to the propagation of this disease, of which we know but little as yet?

We are told by the bacteriologist of the necessity of a favorable location or soil for the tubercle bacillus to develop and multiply; at the same time we are also told, that there are conditions of the blood, states of the atmosphere, and surroundings which are unfavorable to the development of this germ; and under such conditions it not only does not grow, but even ceases to be, if already developed; hence, there is no reason why victims of consumption cannot be permanently cured.

Now it is obvious, that if tubercle bacilli are to enter and propagate in the human blood, that such blood must be in a condition favorable to the growth of the germ. If *any* blood were favorable to the growth of the tubercle bacillus after its reception, then would every one who is brought in contact with a consumptive contract the disease, as in the case of any epidemic virulent fever, for sooner or later most persons are directly

placed in contact with victims of phthisis, or tubercle bacilli.

Of late we have heard a good deal on the phagacytic function of the leucocytes, and the dexterity with which the white corpuscles of the blood take up and destroy the bacteria. Some have gone so far as to intimate that leucocytes differ in their likes and dislikes; that some had a peculiar appetite for certain bacteria, while others enjoyed a different class, and one might think a regular war was in progress in our vascular system, or that

"While Jack Sprat could eat no fat,
His wife could eat no lean, etc."

But this theory has been advanced to account for the immunity some persons have from infectious diseases, and the agent by which the germs are destroyed.

There is, however, one question which most bacteriologists avoid answering when asked concerning the contagiousness of tuberculosis being dependent on the transmissibility of the bacillus, viz: If the tubercle bacillus is the cause of tuberculosis, *where* and *how* did the first germ originate?

In tuberculosis we must remember that we have to deal with an endemic rather than an epidemic disease, and one in which quarantining will do very little good, if any. The reason is because practically, while a few may seemingly contract tuberculosis directly, the majority of persons brought in contact with it do *not* contract it.

The disease is, unfortunately, all about us, and if treated like any other contagious disease, who would we isolate first, and where would we put him? The quarantine station would be over-run, the rich and poor would need to be alike confined from friends and relatives; and from the standpoint of transmissibility, the whole family in which a case occurred would need to be isolated.

Now there are climes in this broad country of ours in which it has been found that this disease did not flourish naturally, and in which consumptive patients, not too far advanced in destructive changes, might live for years in comparative comfort; and, in fact, feel practically, and sometimes thoroughly recovered. That a government sanitary station might be placed in these localities, with suitable inducements offered in way of work, etc., for tuberculous families, might not be a bad idea, but we seriously doubt if the treatment of tuberculosis, as any other contagious disease is, will be of much avail in mitigating the disease, or be taken to very kindly by the general public. F. S. P.

A CASE OF NO REGISTRATION.

THE Philadelphia daily papers have recently sifted out a case of practising medicine in this city without a certificate of registration. The practitioner claims he has a Russian diploma, but admits he has not been registered according to the laws of the state of Pennsylvania. Prescriptions have been found at a drug store dating back for more than a year.

This sort of thing should be energetically followed up by the proper authorities. What is the use of a medical law, or any other law, if it is not enforced?

Annotation.

THE UNTOWARD EFFECTS OF ANTIPYRINE, ACETANILIDE, AND PHENACETIN.

DR. D. R. PATTERSON, in the *London Practitioner* for October, gives a suggestive résumé of the evil effects of the three drugs so commonly used, antipyrine, acetanilide and phenacetin. Antipyrine in large doses depresses the nervous system, exhaustion and collapse following, in extreme instances, the doses given, for reduction of tem-

perature. There is a recorded case of pneumonia, where death occurred one hour after the administration of antipyrine, (*Therapeutische Monatshefte*, Vol. IV page 97.)

Continued use of small doses often leads to a condition of loss of energy. It may even go further and bring on headache and general malaise.

The profuse perspiration often caused by the drug is sometimes a serious drawback as well as the urticarious or erythematous rash that occasionally appears. Acetanilide or antifebrin bears the same relation to the active causation of depression as does antipyrine. It is a more profound reducer of temperature, but this is often followed by a rebound and elevation of fever accompanied by shivering and chills.

Cyanosis may be occasioned to a greater degree than from antipyrine from intoxicating doses. Anemia may be induced by a long continuation of the drug. Phenacetin is used more as an analgesic than an antipyretic. It is more free from ill effect than either of the preceding drugs. Depression only follows excessively large doses, but, occasionally urticarious skin affections are met with.

However, it is unsafe for the lay public to handle such depressants as these, and physicians should be cautious in leaving their administration to untrained and inexperienced persons.

Book Note.

DR. MANLEY'S BOOK.

It is the best work yet produced in any language. While Marcy's plates are very handsome, yet in this age of progression, something more is demanded of the world of surgeons, on so important a branch of surgery as hernia, in all its bearings, as met in a physician's practice. Especially is this true when the practitioner is located at a distance from help, without even that of a trained assistant. Dr. Manley may not get the fame deserved by his efforts put into this volume until the mysterious Beyond has claimed him. But he ought to get it now. J. D. JUSTICE, M. D.

BELLE PLAIN, KAS.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

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TIMES AND REGISTER,

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Philadelphia, Pa.

EPILEPSY.

ADDIE, aged 33 months, has for the last three or four months, shown the following symptoms: Every two to four weeks she says to her mother, "mamma I'm going to fall." If not supported, or she attempts to walk just then, she inclines to the right and, after going a few steps, she falls upon the right side. This condition is gone in a minute or two, and she goes on with her play as usual. She seems perfectly rational during these attacks. Eyes normal, and no unnatural condition further than the circling walk and falling.

She is in fairly good health, tolerably fleshy, and has never had any serious sickness. She has suffered some during the summer from indigestion and looseness of the bowels. Perhaps at the time of these attacks, her system is a little below normal, her bowels inclined to run off, and her stools clay colored.

Now, if possible from these symptoms, give me the cause of the trouble and the best treatment for the condition.

[I am sorry to say that this case looks like reflex epilepsy, due to irritation in the intestinal canal. See if there are not worms to deal with. Give very small doses of calomel or podophyllin, with ipecacuanha, rhubarb and hydrastis, and some efficient antelminthic, like santorin-oxim, spigelia or cowhage. The diet should be regulated carefully, and every care taken to prevent any excitement that could bring on the attacks. Cold baths, country life, and not much company are advisable.

—W. F. W.]

ANODYNE GRANULES.

On the Metric Granule list is an anodyne granule called *Waugh's anodyne*. I suppose it is named after you as being devised by you. I would like to know

if there is any danger in giving it to very small infants, and at what rate? Also, the age at which it is especially applicable. I have never used any of the opium octivo prescribed in very young children.

C. LEONARD WHITMER, M. D.

Waverly, Iowa, Bremer Co.

[The Anodyne Granule was designed to replace the various opiate preparations so commonly given to infants. One of the granules may be given to a child one month old, and the dose repeated or increased as may prove necessary. Sweet spirits of nitre, brandy, ginger or soda mint may be added if needed, and the dose is best administered in hot water. In most cases this is sufficient; in those resisting the granules rhubarb, magnesia or ipecacuanha will probably be required. For very severe pain, a few drops of chloroform water should be added. To children over one year old, stronger remedies may be safely given.

W. F. W.]

PERIPHERAL NEURITIS?

I HAVE watched your writings until I feel that I can take the liberty of addressing you on my own case, though you are doubtless greatly crowded with this kind of communications. I am hale and hearty, weighing 220, very muscular, and the very type of health. I do not use intoxicants of any kind, and never have. I have not used tobacco for over five years. I eat well and sleep well. My bowels are regular; never constipated. I urinate from four to six times a day, and one to two times at night; $1\frac{1}{2}$ to $2\frac{1}{2}$ pints in twenty-four hours; Sp. gr. 1016 in the morning, 1017 to 1018 during the day; no sugar; no albumen. I never indulge to excess sexually. I never had any bad sickness of any kind. Family history good, clear back. No epilepsy, chord or nervous diseases of any kind. Father, mother and brothers all living and in good health; except mother, who has had rheumatism for many years. My trouble is like this: I have slight muscular rheumatism almost all the time, more in my back, shoulders and hips, but not severe enough to at all incapacitate me from business or cause me to lose sleep. But what annoys me mostly is a twitching here and there over my body, not muscular movements. It does not move any members of my body, but is localized in small areas here and there, seemingly in the skin; not constantly, but at times, some-

times hours apart. I had a case just the same four years ago, that got well, but treatment seemed to do no good; at which time I also had it myself, lasting about four weeks. I have not had any more twitching until about three months ago, when it lasted about four weeks, and now I have it again. I am doing a large county practice, out in all kinds of weather, and, at all times at night. I am fleshy, feel splendid and vigorous, drink two cups of strong coffee for breakfast, only bread and milk for supper. I am thirty-five years old, have one boy nine years old, in good health. The question is what causes that annoying twitching, and what can I do to stop it? I might add that I am somewhat imaginative, and also use carbolic acid extensively on my hands, etc., frequently in my practice, strong enough to benumb my arms almost to my shoulders at times.

[I think we have here a peripheral neuritis, caused by carbolic acid. I would suggest that the use of this drug be discontinued for several months; and note if improvement occurs. Massage and faradization of the affected muscles, with hydrastine internally, would probably be of much value.

W. F. W.]

THE ADMINISTRATION OF CASTOR OIL.

Can you give me a really good method of administering castor-oil so that the oil will not nauseate or be vomited?

Yours truly,

K.

[The best method for administering castor-oil, in my experience, is the following:

Take of good French brandy two tablespoonfuls, castor-oil two tablespoonfuls. Beat the two thoroughly for five minutes with a teaspoon, until the oil is cut into fine globules by the alcohol of the brandy, then add a little sugar, and about four tablespoonfuls of hot water, mix a little and direct the whole to be drank rapidly.

As the odor of castor-oil is more disagreeable than its actual taste, the hot water causes the flavor of the brandy to predominate over that of the oil; and the alcohol prevents the sticking of the oil in the throat as it is administered. I have often succeeded in giving the oil to adults with very sensitive tastes and stomachs in this manner.

Ed. T. and R.]

THE DOCTOR'S REWARD.

WILL you please mention the name of the author of the "The Doctor's

Reward" in your next issue, and oblige an
OLD SUBSCRIBER.

[Dr. Louis Lewis is the author.—Ed. T. and R.]

The Medical Digest.

THERAPEUTICS.

BROMIDE OF STRONTIUM IN VOMITING.

Dr. Justus Coronedi reports a number of cases to prove that bromide of strontium is an excellent remedy against vomiting, the only failure being mechanical vomiting in the course of a case of carcinoma of the pylorus and liver. He gave bromide of strontium fifteen grains, one to three times a day, either before or immediately after eating. He also found it very effective in allaying pain in the stomach. Professor John Dougall, Glasgow, after all other remedies had failed, administered bromide of strontium to a woman who had suffered for a long time from chronic gastritis with frequent vomiting. He gave thirty grains three times a day. Improvement began after the first dose, and in fourteen days the woman was cured.

Fedorow highly recommends hydrastis canadensis, fluid extract, twenty drops four times a day, in inveterate vomiting of pregnancy.

—*Therapeutische Monatshefte.*

ARSENIC IN RODENT ULCER.

Lassar, of Berlin, reports two cases of rodent ulcer cured by arsenic, given both internally and by hypodermic injection, without any local treatment. Two to three drops of Fowler's solution were given three times a day, and a small syringe full of a one per cent. solution of arseniate of soda at a dose, about twenty injections being made during the course of the treatment.

—*Berliner Medicinische Wochenschrift.*

ACETANILIDE POISONING has been relieved, in a case in which three drachms were taken with suicidal intent, by hypodermics of ether and the practice of lavage. After several hours the cyanosis gradually disappeared.—*Kansas City Med. Record.*

OBSTETRICS AND GYNECOLOGY.

THE DANGER OF DOUCHING.

With regard to the methods of antiseptic midwifery, Dr. Cullingworth desired to emphasise the danger, in using douches, of carrying infectious micro-organisms from the lower part of the genital tract into the upper. Owing to this danger he was of opinion that the douche ought never to be administered except by the doctor himself, or by a thoroughly skilful and well-trained nurse. Fortunately, the douche was a non-essential; in fact, so far as private practice was concerned, it was not at all certain that the patient was not safer where no douche was used. Far too much attention had been paid to douching to the neglect of the really important measures. With reference to the danger of sublimate poisoning alluded to by Dr. Barnes, he would remind the Section that no case of poisoning had occurred where the douch had been omitted. Poisoning by sublimate absorption could only take place when the solution was used internally. Employed as a disinfectant of the practitioner, the nurse, and the instruments, the legitimate objects for disinfection, corrosive sublimate was absolutely safe, and there could be little doubt, from the comparative observations made by Dr. Boxall at the General Lying-in Hospital that corrosive sublimate was, for obstetrical purposes, the most efficient antiseptic at present known. Dr. Barnes had expressed a desire that an authoritative code of instructions should be drawn up for the use of antiseptics in midwifery. Dr. Cullingworth was glad to inform the Section that such a code had been prepared by the Medical Committee of the General Lying-in Hospital, York Road, Lambeth. The Committee consisted of Dr. John Williams, Dr. Champneys, Dr. Herman and himself. The code had been printed by the Board of Management, and could be obtained from the

Secretary of the hospital at the trifling cost of one penny.—*British Med. Journal.*

SYMPHYSIOTOMY.

Eustache (*Nouv. Archives d'Obstét. et de Gynécol.*, 1893. No. 7, page 318) maintains that symphysiotomy may be considered as belonging within the domain of legitimate obstetric operations. It should not, however, replace the induction of artificial labor if the pelvic narrowing is detected in the course of the pregnancy. During labor it should be performed at once if the conjugate diameter is narrowed to between 3.1 and 2.3 inches. If this diameter exceeds 3.1 inches the operation should only be undertaken if it is not possible to terminate labor by means of version and the application of the forceps. In cases in which the conjugate is between 2.7 and 2.3 inches symphysiotomy ought to be performed in conjunction with the induction of artificial labor; and in most other cases with the application of the forceps.—*Med. News.*

CHILDREN'S DISEASES.

THE RESUSCITATION OF THE NEWBORN.

Oehlschlaege (*Centralblatt für Gynäkologie*, 1893, No. 31, p. 718) points out that in many cases of asphyxia, especially in the new-born, the ordinary measures of resuscitation fail because the entrance to the larynx is closed by the epiglottis from the falling backward of the tongue. If, therefore, under these circumstances the tongue be pulled forward the epiglottis is raised and air can enter the lungs. Such a result sometimes takes place spontaneously; at other times additional measures will be necessary. In cases in which the heart's action is embarrassed, compression of the precordium will sometimes stimulate the faltering organ. The skin may be pinched or the walls of the chest compressed rhythmically in synchronism with the heart-beat.—*Med. News.*

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The Times and Register.

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TREATMENT OF ACUTE RHEUMATISM.

By W. F. WAUGH, A. M., M. D.,
PHILADELPHIA, PA.

A GOOD deal of confusion exists as to the affections comprised under this term. Many employ it to designate almost any case characterized by pain, excepting local inflammations. Thus, myalgia, neuralgia, alcoholic, spinal, ataxic, hysteric pains, are often denominated rheumatism, and the remedies recommended for true rheumatism prescribed for affections widely differing in pathology, symptoms and treatment. Conversely, the remedies that have proved effectual in relieving these affections have therefore been recommended for rheumatism, for which they are not suited. It would be well if physicians were to bear in mind that rheumatism is a disease of the joints, characterized by local pain, tenderness and swelling, with fever, free sweating and acidity of the urine; that the disease attacks the joints successively, and that in proportion to the number of

joints affected, the liability increases of cardiac complications, especially endocarditis. The term muscular rheumatism should be dropped, as there is no such thing; the affection usually referred to under this title being myalgia.

True rheumatism is frequently due to exposure, and follows chilling, wetting, or exposure to cold wind, sleet, or rain, especially of persons unaccustomed to such exposure. The prophylaxis, therefore, consists in the avoidance of such exposure, or, better, the gradual hardening of the body by such hygienic measures as will render it less susceptible to injurious influences. A New York doctor advises his patients to bathe in the river throughout the winter. This is good advice to the right persons, but it would expose ordinary individuals to almost certain disease and perhaps death. It is not every one who can take the morning cold bath with impunity, though if the bath commences in midsummer most persons will bear the gradually increasing cold with benefit. The cold bath, as utilized for toughening the moral and physical fiber, must not be unduly prolonged. A bucket of cold water dashed over the pa-

tient, a sudden plunge into a tubful of water, or a shower-bath of equally brief duration, is the ideal bath. Either should be followed by means to secure reaction: rubbing down with coarse towels, active exercise or a cup of some hot drink. If such reaction be not secured, the patient had better not use cold baths.

Next to the cold bath as a prophylactic, comes the clothing. For those who can wear them, woolen underclothes are preferable, for summer and winter. The stockings should also be of wool. Those who cannot endure wool should employ chamois or deer skin. No one who has once been attacked by rheumatism should ever go without clothing of these materials next the skin.

Confirmed rheumatics should also take into consideration the question of climate; whether it is better to live and suffer a few years in a home that has proved hygienically unsuitable, or to find a new one where a long life may be spent in comfortable activity. Dry climates are recommended for rheumatism, but not if windy; as South Africa, where the trade-winds constantly sweep across the sandy deserts and extract every particle of moisture from the air, is notoriously the worst place in the world for rheumatism. Southern California is nearly the ideal home for this class. Wherever the patient goes, exercise in the open air short of exhausting labor must be enjoined. To sit down and nurse one's pains, and to exhaust the body by overwork, are equally objectionable.

Are any foods specially advisable or injurious to the rheumatic? Acids usually aggravate the symptoms, and so do starches and sugars, if there be acid indigestion present. Patients generally prefer tea, coffee and soups; and if these are made sufficiently nutritious they are the best foods during an attack. Persons who are rheumatic should abstain from foods that have been found to cause indigestion, and should take the proper remedies for indigestion when it presents itself.

In the treatment of acute rheumatism, the salicylic group stands easily at the head of the remedial list. Salicylic acid was first given in solution, with soda bicarbonate, thus forming the salicylate of soda in a liquid somewhat impregnated

with carbonic acid. This is still the most effectual method of administration; the carbonic acid obviating the tendency to nausea. The purity of the salicylates is of the utmost consequence; as the commercial salt contains impurities that are irritant to the stomach and even dangerously toxic. Many of the "headache-cures" presented for popular use contain this impure acid; and it is also utilized very generally as a preservative of foods. The impure acid and its salts may be known by their pink color. Thus far I have never seen any specimen equal to that prepared by Schering, of Berlin. This is a pure blue-white, devoid of all unpleasant taste and irritant action. Its remedial properties are such as would surprise one who has employed only the commercial salt. In many cases of pain or fever it is a valuable substitute for or adjuvant to the coal-tar products.

Of the salicylic acid, or the soda salt, ten grains may be given every two hours for six doses; then suspended until the following day. In some cases I have doubled this dose, but have not yet encountered a case that withstood this quantity for two days.

When the fever has broken, the doses are to be diminished, while quinine, or soda-carbonate, or both, are gradually substituted for the salicylate. These agents are often employed from the beginning, and it has been claimed that relapses are less frequent after quinine, and cardiac inflammations less after the alkali. Indeed, it is generally possible to break the fever within two days, by giving soda-carbonate after Fuller's method, an ounce daily.

Quinine, in doses of twenty to thirty grains every twenty-four hours, is not so prompt in its action, nor is it so certain as a preventative of heart inflammations, but it is more permanent in its effects, and less likely to cause depression. The general verdict of the profession has been given in favor of the salicylates as giving the most speedy and effectual relief. If, however, symptoms of cardiac depression arise, even when a pure acid has been given (which has not occurred as yet in my experience), quinine should be substituted, in full doses, or sparteine or digitalis added to the salicylic mixture.

As substitutes for the latter, we have re-

cently been offered salophen, salipyrin, salol, betol, hydracetine and me hacetin. Such opportunities as I have had for testing these agents have shown the salophen and salipyrin to be quite as effectual as salicylic acid and its salts, and devoid of irritant qualities. I prefer them to any but the finest quality of the salicylic acid. Salol has not proved as active as the other preparations, although Dr. Parsons has found it useful for children.

The salicin group is more useful as the rheumatism is acute in its manifestations. As the attack becomes less febrile, or if it be sub acute from the first, these agents exert a less decided influence over the disease. In these cases I have obtained the best results from salophen and resorcine; a drachm of the former and a scruple of the latter, dissolved in a glass of water and taken at intervals during the day. This combination has given better results than either ingredient alone. It is especially useful when there is diarrhoea or gastric catarrh as resorcine is an efficient remedy for these conditions.

The iodides find their appropriate field in the treatment of acute cases whose duration has been unduly prolonged. When the acute symptoms have passed off, but the rheumatism lingers in one joint, the iodides, in full doses, excel all other remedies. The most efficient and least depressant is the iodide of strontium, which may be given in doses of half to one drachm daily. Only the purest salt should be used; for this also, as found commercially, contains impurities that detract from its efficiency and exert an injurious influence on the patient.

For hyperacute cases, with a temperature of 105° F or more, the salicylates should be given in full doses and combined with methacetin, antipyrin or acetanilide, also in full doses.

Veratrine has also been recommended for acutely painful cases, in hearty, plethoric subjects. A few doses modify the condition favorably and this remedy should then be laid aside.

Purgatives are universally useful; and in spite of the suffering entailed by the exertion necessitated, the relief far outweighs the discomfort.

Blisters have fallen into disuse, except to aid the iodides when the disease lingers in a single joint. Local applications

are of problematical benefit many physicians limiting them to wrappings of cotton or wool around the joints, steeped in alkaline solutions. The following liniment, however, serves to relieve pain :

R	Ol. cajuputi,	
	Tr. aconiti,	
	Chloroformi,	
	Tr. opii, aa	$\frac{3}{4}$ ss
	Tr. camphoræ,	$\frac{3}{4}$ jv

M. S Apply over inflamed joints, in small quantities, as needed for pain.

Other remedies have been recommended in various phases of rheumatism as follows :

Apocynin and ampelopsin, as diuretics, when the urine is scanty and œdema is present. The dose of apocynin, the extract or concentration, is gr. $\frac{1}{4}$ every two hours; of ampelopsin, gr. 1 to 2 at the same intervals.

For chronic atonic cases, with feeble heart, capillary stasis and anorexia, canellin, gr. 1, caulophyllin, gr. iij, aristolochin, gr ss, eupurpurin, gr. j, and phytolaccin, gr. ss, or cotoine, gr. $\frac{1}{6}$, every 2 to 4 hours, have been recommended. The concentrations are preferable as being the most reliable preparations of these drugs to be had, unless the physician can obtain the fresh herbs and prepare his own tinctures or extracts therefrom. The fluid extract as prepared by miscellaneous firms, are too uncertain to be employed with any degree of accuracy.

Local congestion is said to be favorably influenced by asclepidin, gr. $\frac{1}{8}$, every 2 hours, Chimaphillin, gr. i every two hours is credited with some power as an anodyne.

Creosote may be given for intercurrent diarrhoea, but resorcine renders any other remedies for this symptom unnecessary.

Solanine, gr. $\frac{1}{8}$, lessens the sensibility of the peripheral nerve-endings when given hypodermatically. It has been given to subdue pain and fever in sthenic cases. So, also, aconitine, gr. $\frac{1}{100}$, every hour or so, has been found of benefit for the fever and joint pains, when the skin is dry.

Stillingine has been suggested as specially useful for chronic or irregular forms; gr. j, three to six times a day.

Bryonine is an efficient diuretic and purgative, and is believed to have a favorable influence over stiffened joints.

Cimicifuga. or the concentration macrotin, gr. j, three or more times daily, has been used for sub-acute forms, in which it relieves the pain speedily.

Arnica, gr. j. daily, lessens the amount of urea, and is a useful remedy for plethoric cases. For these also, colchicine is of value, in doses of gr. $\frac{1}{250}$, two to four times daily; but this active agent should not be given to old people, children, or those who are weakly or who have a diseased heart or a tendency to gastro-intestinal inflammation.

Lithium bromide relieves insomnia and delirium.

Digitalis is indicated by weakness, cyanosis and œdema. If it irritates the stomach, the best substitute is sparteine, gr. $\frac{1}{4}$ to $\frac{1}{2}$, every four hours.

Iridin, gr. j, unloads the portal circulation, and is a useful cathartic if there are bilious symptoms.

Gelseminine, gr. $\frac{1}{250}$, may be given for headache.

Atropine, gr. $\frac{1}{125}$, may be employed to check excessive sweating, which is pathological, not eliminant. It is best to reduce the fever first.

Rhus toxicodendron has been pronounced invaluable after the first force of the attack has been broken; and is also recommended for subacute forms, attacking the tendons, aponeuroses or muscles, and for cases that are worse during the night.

Morphine acidifies the urine, and should only be given with alkalies. It has proved specially useful when the cardiac muscle has become inflamed; when it quiets and steadies the heart.

Methylene blue, gr. ij to v, has proved of value as an anodyne.

Nicotine, gr. $\frac{1}{250}$, every half hour, is an efficient remedy for the cerebral symptoms of acute cases, in sthenic subjects.

Ipecacuanha is a useful adjuvant in many cases.

Iron is often required for pale, anemic patients, whose strength would not otherwise be sufficient to withstand the disease.

From this long list, remedies may be selected as adjuvants to the more efficient drugs first recommended and to meet specific indications. They are not to be relied upon as principals.

A FEW WRINKLES ON THE DIAGNOSIS AND TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

By DOUGLAS H. STEWART, M. D.
NEW YORK, N. Y.

IT may seem trite to write on the diagnosis of acute articular rheumatism, for almost every tyro in the schools thinks that he could not mistake it for any other ailment whatever, and believes that a "snap shot" judgment on a red, swollen and tender joint is all that is required. But when he receives his diploma and attends his first case of rheumatism he may prescribe the salicylates with readiness and precision and leave his patient with his own mind at peace and justified with a sense of duty fully performed. I have such a case in mind, but the young physician was unpleasantly surprised the next morning to be told that Dr. Experience had been called in and had discovered a popliteal aneurism. An unjustifiable mistake, you say—well, perhaps it was. But what do you think of this? A good physician and good clinician had, as he thought, a case of commencing articular rheumatism in the shoulder; by chance another medical man present, happening to lay his hand on that joint remarked on the absence of local heat. Our rheumatism-friend instantly clapped his ear to the chest and said on rising "I have been fooled on rheumatism before, but never by a pleurisy."

It would be possible to mention other instances, but these two are sufficient to attract attention to the fact that mistakes are possible in such a "simple" disease. In fact in most sciences the "simple" is really the very difficult, because more attention is paid to the intricate and obscure, and the commonplaces are taken for granted.

In *laissez-aller* methods perhaps pyemia is most often and with most reason misnamed, on account of the great similarity of symptoms and the fact that many authors do not touch upon a lighter degree of pyemia—for there is a "walking form" of that disease, which, however, readily yields to appropriate treatment, but may develop grave and even fatal consequences without wise and strong guidance.

In both pyemia and rheumatism there

are heavy sweating, joint troubles, and even cardiac complications, but when there is a set of symptoms which seem to point to a combination of rheumatism and intermittent fever we are given a danger signal that it will not do to ignore.

If at any time after an articular swelling has been established, your patient have a chill or series of chills at intervals of from one to three days, suspect pyemia at once; and if there are also irregular periods of high temperature, and others of normal or subnormal, consider the diagnosis complete.

In fact I make it a routine practice in every rheumatoid case to determine whether there has been a wound or a scratch recently, and examine the condition of the injury, no matter how trivial, as it is most frequently from needle punctures that sepsis arises, and not from large and gaping cuts. Look out for either suppuration a short distance from the insignificant injury, or metastasis into the internal organs—in either case you are not dealing with rheumatism—in short pyemia is the result of pus poisoning, and rheumatism of exposure, and they each have corresponding histories.

When there is a synovitis involving the lubricating apparatus of only one bodily hinge, we err greatly if we suppose the stiffness and inflammation necessarily rheumatic, and pat ourselves on the back because of the speedy recovery we have wrought. Acute synovitis is essentially a local disorder, and does not present the duration, the constitutional symptoms, the profuse perspiration or the endocarditis of acute rheumatism, and the prognosis is much better. Should a synovitis prove at all obstinate, be on your guard against a gonorrheal element in the case immediately. Commonly gonorrheal rheumatism affects but one articulation at a time, but I have known it to come in the elbow in a first attack, and in the ankle with a second one, two years afterward. Ordinarily it is useless to look at the penis or examine the vagina for confirmation of our opinion, because it is only when the urethral and vaginal discharges have ceased that the synovitis makes an appearance—just as in the fading of cutaneous affections when an internal malady supervenes, the system seems to be unable to keep up so many morbid

processes, and the articular inflammation causes the purulent genital flow to stop.

In rheumatism with a gonorrheal element there must be a most conservative prognosis. Without great caution we may find ourselves with an impatient patient whom we promised to cure in a month or two with a permanent stiffness, his physician appreciating the uncomfortable fact that a trivial amount of pain and heat may last a year under treatment without marked change, save one rather for the worse.

Sometimes the gonorrheal rheumatism presents as severe inflammatory signs as the acute articular, for I have seen at least one case and have heard of another, where the affected limb was amputated for (supposed) tubercular disease of the knee, when the post-mortem pointed to something quite different—gonorrhea. The vagaries of temperature may lead one to fear beginning sepsis, yet the absence of periodical chills will prevent the error of pyemia. In syphilis there may be the same joint symptoms as in gonorrhea, in fact frequently only a careful history will guide us unless we can discover some definite specific lesions—alopecia, eruptions, etc. Though after an extensive experience in one of the largest syphilitic hospitals in the world, I have never seen a cardiac complication which could in any way, shape or manner be attributed to syphilitic rheumatism, while in both the ordinary and gonorrheal forms it must be dreaded.

TREATMENT.

In acute articular rheumatism I can recommend the salicylate of soda with an exception and proviso.

The exception is except you prescribe R Sodæ salicylat.

This drug, as kept by the shops, may be something, or anything, chemically, but clinically it is not sodæ salicylat, as your patient soon finds out when he receives the genuine article. The salt deteriorates with age and becomes valueless to the physician, even if the druggist does not regard it in that light.

For using it order:

R Soda bicarb . . .	3 iss . . .	3 ivss
Acid salicyl. . . .	3 ij	3 vj
Aq. Gaultheriæ . .	3 iv	

M

This contains grs. x sodæ salicyl. to the tablespoonful in the first column, and the same to a teaspoonful in the second. It will be readily seen that the amount of resultant salt will be a trifle less than the amount of acid, if in your combinations you preserve the proportion of acid 3ij, bicarbonate 3jss. Here you cannot have a stale, inert preparation, for your salicylate is not shopworn, but freshly made on the premises—in the bottle. Perhaps some expert chemist-in-embryo may blow himself up by not allowing the carbonic acid gas to escape from the vial before corking, but you have the consolation that your patient will not blow you up for your inactive prescription. The acid and soda papers may be prepared as seidlitz powders are, and mixed when necessary in sufficient water.

Give good, generous doses, enough to produce some head-symptoms, for forty-eight hours. Then if you have a marked effect, reduce the amount; if not, stop altogether; for if its result is not brilliant by that time it never will be. Like the hypophosphites, if it does good it does great good, if it does no good it does harm. After a fair trial it is well enough to use the pot. nitrate mixture with bicarbonate of soda till your patient micturates an alkali, or any remedy that occurs to you. But in the true articular rheumatism I have never had to change my treatment unless, to use an "Hibernianism," it was pyenia, or something else. Occasionally, in cases of great suffering, where merely walking across the floor was sufficient to cause screams of anguish from the bed-ridden patient, due to the slight jarring of a dreadful limb I have administered a local hypodermic of

R Cocaine hydrochlor gr. $\frac{1}{2}$
 Morph. sulph gr. $\frac{1}{4}$
 Aquæ 3 ss
 M. at one injection—with most gratifying results.

Locally, I fail to find anything better than the old mixture—turpentine 3j, vinegar 3j, and a whole egg put into a bottle, well shaken, and spread all over the affected part, and the whole well covered with cotton batting. The mixture is thick enough when dry to make a protective coat for the skin.

In synovitis leeching, hot fermentations blistering and local bath in hot water and rock salt seem to fill the indications.

In gonorrhoeal cases, at the suggestion of Dr. Thomas H. Manley, I have been trying bichloridi hydrargyri in full medicinal doses, in addition to the local means for synovitis. As yet I have only experimented on two or three cases with it and am strong to hope. It is based on the observation of analagous symptoms of the rheumatism of gonorrhoea and syphilis. I shall use it whenever opportunity offers, and expect much for it in a class of cases which are often exceedingly chronic.

Notes.

THE LAWS OF HEALTH.

The true secret of health and long life lies in very simple things:

Don't worry

Don't hurry. "Too swift arrives as tardy as too slow.

"Simplify! Simplify! Simplify!

Don't overeat. Don't starve. "Let your moderation be known to all men."

Court the fresh air day and night "O, if you knew what was in the air!"

Sleep and rest abundantly. Sleep is nature's benediction.

Spend less nervous energy each day than you make.

Be cheerful. "A light heart lives long."

"Work like a man; but don't be worked to death."

Avoid passion and excitement. A moment's anger may be fatal.

Associate with healthy people. Health is contagious as well as disease.

Don't carry the whole world on your shoulders, far less the universe. Trust the Eternal.

Never despair. "Lost hope is a fatal disease."—*Chicago Medical Times.*

EDITORIAL RESIGNATION.

Wm. Porter, M. D., of St. Louis, has resigned the editorship of the *St. Louis Clinique*.

Dr. Laurence Turnbull has removed to 1716 Chestnut street. Hours 9 to 11.30 A. M., afternoons by special appointment.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, OCTOBER 28, 1893.

RHEUMATISM IN CHILDREN.

OF all cases of rheumatism those occurring among children probably offer the greatest stumbling-block in diagnosis to many practitioners. This is so from the fact that the objective symptoms of this disease in children are not, as a rule, like those observed in adults. The lesions of the joints, it is true, are constant in the majority of cases, but, often of such slight intensity as to be readily overlooked, while the child is as likely to complain of suffering in other parts, and, perhaps more so, as he is to complain of any particular joint or muscle.

In dispensary practice it is quite common to find extensive cardiac lesions, of which rheumatism is a chief cause, with-

out any history of arthritic inflammation. Indeed, it is so common for parents, and often physicians to regard the so-called "growing pains" as a part of the necessities of child-life, that in the absence of histories of diphtheria, the exanthemae, or similar diseases, it is safe to place a child with cardiac affection on an anti-rheumatic plan of treatment, with good reason to expect successful results.

A few years ago I was called in consultation to a boy three years old, suffering with what subsequently proved to be rheumatism. The case was remarkable in its dearth of points for diagnosis. He had a little derangement of the digestive organs, a little fever and a little pain which he could not seem to locate in any particular spot. There was no indication of arthritic difficulty then apparent, although this developed in a day or two afterward. On applying my stethoscope to the precordia a murmur was defined which, when traced out, was found to mean a mitral regurgitation. I suggested the case might be one of rheumatism and that the alkaline plan of treatment with digitalis would not be out of place. Subsequently this proved to be true, and quite an inflammatory condition of the knee joint developed. In my experience it is not uncommon to find the inflammatory conditions of rheumatism in children invade the serous membranes before the joints are involved, that is, to all outside appearances. Often we also find gastro-intestinal disturbances arising, occasionally some days before the onset of the acute manifestations. Another suggestive indication of the advance of the rheumatic diathesis in children is the development of nervous phenomena, and, especially chorea. Of course all cases of chorea are not to be regarded as rheumatic in origin, but this question is to be carefully weighed before considering any particular line of treatment.

The occurrence of an attack of tonsillitis has long been associated with rheumatism in childhood; this probably arose from observation of the action of salicylic acid in tonsillitis, and the similitude to its action in rheumatism; but, in malarial localities the tonsillitis of rheumatism is often confounded with intermittent fever, of course, generally, without proper examination of the throat.

Rheumatism in the child is often announced by simply a slight stiffness of the muscles of the limbs which, as they move about in play, become more pliable, so that when a child wakes in the morning feeling sore and stiffened in its muscles, this often passes away before the morning is half over, and the case is passed unnoticed and untreated, until later on some heart lesion arises to complicate matters.

Thus we see that the lesions of rheumatism in childhood differ materially, and the reason of so much confusion in diagnosing these cases is not unnatural. Arthritic lesions are at their minimum, while those of the serous membranes are very prone to occur, especially the lesions causing cardiac disturbance.

These lesions vary with the intensity of the local affections. Those of the joint are often only hyperemias of greater or less extent and intensity; rarely is there suppuration of the cartilages; fibrous nodules are sometimes found near the joints or tendons. Lesions of endo- and peri-carditis may be found in the majority of fatal cases. I have observed a post-mortem rise in temperature in a case thus complicated; the temperature was elevated to 103 degrees F. This I believe to be a rare phenomenon.

Regarding the treatment of this affection among the little ones there is little new to add. Having determined upon the diagnosis, we must, if possible, determine a cause and remove it, or remove

the patient from it. As rheumatism is one of the diseases lately afflicted with the bacillus theory, it is possible that we will be soon in possession of an improved method for its eradication, but at present we must simply guard against undue exposures to cold and wet, chilling influences, low miasmatic climates, and live in high, dry atmospheres.

The clothing of children has many faults. I am of the opinion, that the least expensive method of preventing attacks of rheumatism is the continual wearing, next the skin, of a good silk flannel. This material is far more efficient in guarding against exposure to inclement and changeable weather than any other.

With regard to the medicinal treatment of the actual attack, judgment is the best material with which to mix the remedies. It is not every case that requires salicylic acid in some form. Indeed, this drug may do a great deal of harm. I would not, on the other hand, underrate its value. As a remedy to guard against cardiac lesions and complications salicylic acid is not to be relied upon unless full doses of sodium bicarbonate are added. When such complications arise the better plan is to trust to the alkaline treatment alone. Absolute rest in bed is of prime importance in all cases of rheumatism in children where there is any fever. Swollen joints should be treated to strong bicarbonate of soda solutions into which flannels have been dipped and wound about the joint, preferably hot.

In turbulent heart action digitalis or strophanthus may, with much caution, be employed; if pericardial effusion exists these are dangerous drugs to exhibit.

The hypodermic injection of osmic acid for muscular rheumatism is an exploded measure; practical experience does not bear out the observations of Dr. Grinevitski.

Anemic and choreic symptoms need the same treatment as if unaccompanied by rheumatism, but it is also necessary to place a patient on some anti-rheumatic medication when these diseases can be traced directly to rheumatic cause.

F. S. P.

THE SURGICAL ASPECTS OF ACUTE INFLAMMATORY RHEUMATISM.

ONE would suppose, from a superficial examination of the subject, after perusing the average text-book on Theory and Practice of Medicine, that inflammatory rheumatism is, at least, one of those maladies quite outside the domain of surgery. This would be undoubtedly true if all the cases pursued a typical course and were all polyarticular in their nature.

But, as the disease sometimes falls with great intensity on one joint only, and spends its violence mainly in this articulation, it is well not to forget that we may have such conditions presenting articular phenomena as in acute periostitis, close to the capsule; acute tubercular arthritis; or gonorrheal synovitis, besides affections of a remote character, which are simply expressions of a diseased state of the vertebral portal through which the sensitive nerve root that supplies the affected joint, emerges.

Therefore, we say, this subject, when well threshed out, will be found rich in points of great practical value from a surgical as well as a medical position. The study of it is particularly helpful from the side of diagnosis and treatment.

Let it be remembered that the so-called acute articular rheumatism is typical in its course, and, at the beginning, even apyrexial, and that in many cases the only demonstrations of its actual character are a little delay, and the therapeutic test.

T. H. M.

Annotation.

DRY DESERT AIR, AND THE APPLICATION OF MINERAL WATERS IN RHEUMATISM AND GOUT.

DR. A. W. H. WALKER, L. R. C. P., M. R. C. S., in the *London Lancet*, October 7, 1893, writes very commendatory of the results obtained in rheumatism and gout from a health resort of Egypt, situated fourteen miles south of Cairo, and called Helouan-les-Bains. It is 100 feet above the mean level of the Nile, and above miasmatic atmosphere.

The climatic conditions of the place are all that could be wished for—dry atmosphere, clear weather and warm days, but cool and invigorating nights. Little rainfall occurs during the year. The place is well drained and a large hotel has been built as a sanitarium. Sulphur mineral waters abound in the locality which are noted for their efficacy in many forms of chronic skin diseases, and also of organic affections, such as rheumatism, functional liver troubles, chronic dysentery and malarial diseases, while the climate is exceptionally beneficial to phthisical patients.

THE ETIOLOGY OF ARTICULAR RHEUMATISM.

SCHULLER, in the *Medical Record*, 1893, vol. xlv, No. 13, page 389, has indicated that from a bacteriological study of 116 cases of so called rheumatic articular inflammation, a peculiar bacillus has been found in the synovial fluid of the affected joints, to which he ascribes the etiology of rheumatism. He further claims he was able to transmit this organism to lower animals and induce in them similar lesions to those observed in the human race, and again to obtain from them the specific bacillus.

The bacillus is described as being from 2.25 to 2.75 m. long and from 0.75 to 0.95 m. wide; usually straight, but often curved or angular, and presenting bright granules at either pole; staining readily with carbol-fuchsin and decolorizing with acids. They grow best in the dark at a temperature a little elevated above the ordinary.

GONORRHEAL RHEUMATISM AND ITS TREATMENT.

DR. R. GUITERAS recently stated on this subject as follows: Rheumatism occurs as a complication of gonorrhea in from two to three per cent. of those suffering from the disease. It generally occurs in men. Age has no influence. It is not necessarily connected with a urethritis, but may result from gonorrhea of the vulva, vagina and conjunctiva. Authorities differ as to the period at which the complication makes its appearance. Fournier states, from the sixth to the fifteenth day; Roustau, not before the third week; others claim that it is a complication of posterior urethritis or that it appears only in older cases. The favorite locations for its manifestation are the knee, the ankle, the shoulder and the fingers and toes. The diagnosis is usually not attended with much difficulty. The disease occurs during an attack of gonorrhea and follows its course, being governed by its exacerbations and remissions. There is a tendency to recurrence on fresh infection. It is less acute than rheumatism, and although it may begin acutely it soon changes to a sub-acute or chronic state.

The following classification of the disease has been made by Finger:

(1) Articular. This is either mono-articular or poly-articular. The mono-articular form may be acute (arthritis) or chronic (hydrarthrosis). The poly-articular may be acute, sub-acute or chronic.

(2) Periarticular (Nodose).

(3) Synovitis tendinum.

Of the above the acute mono-articular form (arthritis blenorragic) is the most frequent. It begins acutely or is preceded by a prodromal stage of malaise and tenderness in several joints followed by a rapid onset of the arthritis. Pain may be very acute or moderate; œdema, redness, tension, distinct fluctuation, marked elevation of temperature. The swelling develops rapidly. The pain and fever disappear in a few days, leaving a painless exudate, tending to pass into a hydrarthrosis. This generally disappears in a few weeks. Occasionally, however, it terminates in suppuration. In such cases we have chills and increased temperature during the acute stage followed by pain, œdema, throbbing, etc. The capsule ruptures and the pus oozes out be-

tween the muscles and tendons. This may result fatally in pyemia, or recovery with ankylosis. Amputation or resection is at times required.

Among other conditions occasionally complicating a blenorragic rheumatism are endocarditis, pericarditis, various skin eruptions, generally purpuric in character, and certain eye complications, as iritis, aquo-capsulitis and conjunctivitis. Also bursitis, *piéd blenorragique* and complications of the nervous system, such as neuralgia, hyperæsthesia, æsthesia, cramps, atrophy of muscles, increased reflexes, etc.

As regards the treatment of gonorrheal rheumatism, Dr Guiteras said it is varied and generally very unsatisfactory. Of the silicylates, he has found salol the most efficacious. Phenacetin is valuable to quiet the pain. The oil of gaultheria is of value both in the acute and sub-acute stages. A good way to prescribe it is in doses of from five to twenty drops in milk every two hours. Colchicum and the alkalies are also of service. Of the internal anti-blenorrhagics, copaiba, cubebæ and the oil of sandalwood are all good on account of their action through the urine on the urethral mucous membrane. Local treatment of the urethra seems to aggravate the rheumatism rather than benefit it. General tonic treatment may be indicated. Local treatment of the joints by counter-irritation, blisters, Paquelin cautery, ichthyol ointment (50 per cent. in lanolin), absorbents, massage or electricity, all exert a beneficial influence. Potassium iodide or mercurial ointments applied over the joints are of doubtful value. Leeches or poultices have a good effect in the acute stage. Cold applications are also very grateful to the patient during the acute stage in the mono articular variety of the disease. When pus has formed in the joint and pyemia is threatening, surgical treatment should at once be undertaken.

A PLEA FOR THE INTRODUCTION OF THE METRIC SYSTEM IN MEDICINE

IN an excellent article in the *Occidental Medical Times*, J. Mora Moss writes as follows:

The lack of agreement between our

weights and measures and our system of notation is an enormous disadvantage. Anyone can mentally add 50c, 30c, and 25c, and tell at once that the sum is \$1 05; but I defy any one to add 50d, 30d, and 25d, and tell off-hand how much that is in shillings. In the same way we know at once that 50 gm. 30 gm. and 25 gm. make 105 gm., but who can similarly tell how much 50 m. 30 m. 25 m. are in drachms? Students sneer at the metric system of weights and measures, yet nothing could induce them to abandon the decimal system of currency for £. s. d.

"The French system of weights and measures of a century ago cried aloud for reform as ours does to-day, and as the notation could not be changed, the only chance for improvement lay in altering the weights and measures. The unit upon which the whole system was to be based was the metre, which should be one ten-millionth of the distance of the earth's equator from the poles. The measurements were made, and on June 22, 1799, the system was adopted."

"It is now known that the measurements were not correct, and as a matter of fact the metre varies about $\frac{1}{4000}$ from the ten-millionth of a quadrant, so that the real standard is a platinum bar kept in Paris. This is no great drawback, however, for the measurement of the quadrant could probably never be exactly ascertained if the original standard were lost, and its great advantage is its conformance to the decimal system of notation."

"The multiples and subdivisions were to be reckoned by tens; multiples indicated by Greek, and subdivisions by Latin prefixes, thus: 10 millimetres equal one centimetre; 10 metres equal one decametre; 10 decametres equal one hectometre. The cubic decimetre is taken as the measure of capacity and is called a litre. The unit of weight is the gramme, and is the weight of a cubic centimetre of distilled water at the temperature of its greatest density, at the latitude of Paris. The multiples are subdivisions of these and are indicated in the same way as those of the metre, but in practice it has been found that most of them are superfluous. Just as the mill, dime and eagle

are never used in computing financial transactions, so in the metric system those units having the prefixes milli, centi and kilo besides the primary units are found to be all that are necessary, and the others are never used. The microscopists have added one more to the list by dividing the millimetre into 1000 parts and calling it the micro-millimetre, or microm."

"While practically all the rest of the world has adopted the metric system, England, Russia and the United States are the only countries of any importance in which it is not in common use. The South American Republics adopted it 36 years ago, and we are just that far behind the times. We have got a little further in advance than England—an Englishman never knows his weight in pounds; he weighs himself in stones of 14 pounds each, and will tell you that he weighs "11 stone 10;" but when he buys a stone of butcher's meat he gets 8 pounds; and a stone of glass weighs five pounds. His hundred weights are 112 pounds each; and as a curious piece of information I append the following from Whittaker's Almanac for the current year under the head of "Fish Measure," which occupies as honorable a place as avoirdupois weight or long measure:"

"Herrings are sold by the cran, containing $26\frac{2}{3}$ imperial gallons, on the East Coast of Scotland, from Shetland to Berwick, also at Castle Bay and Stornoway; but on the West Coast, Isle of Man, and in Ireland, by the maze, which contains 5 long hundreds of 123 each." We may smile, but as long as we use a different system of weights for potatoes, diamonds and mercurial ointment, we had better not say much.

The chemist and the physicist have used the metric system for years. To the physician in this country it is almost unknown. It is said that medicine is the last of the sciences to feel the impulse of modern progress. Upon us, fellow-students, will one day devolve the task of maintaining the honor of our profession. We are here but few in number. Let each man be a missionary of reform and progress, and he will have performed a part of his duty."

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

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TIMES AND REGISTER,

1725 ARCH STREET, Philadelphia, Pa.

IMPOTENCE FROM VENOUS DILATION CURED BY LIGATION.

THE TIMES AND REGISTER, just at hand for September 2nd, and on page 773, Dr. Waugh mentions tying a large vein to retain blood in the penis. Will he kindly give a full description of the case and operation, so that the rank and file can follow out his idea. These cases are a regular *bête noir* to many country practitioners. Respectfully,

DR. C. L. GREGORY.

YREKA, CALIFORNIA.

[A young man, 22 years of age, contemplating marriage, consulted me for impotence. He had already experienced four attacks of gonorrhea, recovering without orchitis or any other similar accident. For a year past he had not had a normal erection, though sexual appetite, and the secretion of semen was as active as ever. Indeed, emissions occurred at least twice a week. There was a tight stricture just within the meatus and another with a patch of supersensitive membrane in the posterior portion of the penile urethra. These were treated by the electric and dilatation methods, and the urethra restored to its normal calibre and condition. Still, there was no improvement in the impotence. Even under the influence of excitement sufficient to cause emissions, the erections were imperfect. I noticed a vein of unusual size running along the left side of the penis. It seemed to me that this large vein emptied the penis as fast as the arteries filled it; and that this would account for impotence. I requested him to pass a tight rubber ring over the penis to the root; tight enough and strong enough to constrict the superficial veins. He did so, and found that the erection was quite vigorous, but fell away as soon as the ring was loosened. Having washed the skin with antiseptics, I took a needle, threaded with silk ligature drawn from oil of juniper, lifted up the skin with the large vein and passed the needle through. Reentering the needle at the outlet I passed it back beneath the skin, but over the vein. and drew it out at the orifice through which it first entered. The ligature was then tied tightly. This is simply the ordinary operation for varicocele, applied to the penile vein. This was thus obliterated. Some tenderness followed, especially with the erections,

which occurred at once with troublesome vigor. The immediate success of the operation has been complete. Whether it will prove permanent I cannot tell. The other veins may enlarge in their turn; especially as the unbridled indulgence to which the original difficulty is to be attributed, may be repeated.

In a similar case I have postponed an operation and intend to do so for these reasons: The youth is of a scrofulous family, with a strong predisposition to pulmonary consumption. He is athletic, but too tall for his age or his weight. He has the true strumous tendency to catching colds on every exposure, and these catarrhs yield very slowly to treatment. He has also shown himself incapable of controlling his sexual appetite. Under these circumstances the removal of his present disability would almost certainly be the signal for a plunge into such excess as would determine the threatened outbreak of pulmonary disease. I have placed him on hydroleine and iodide of iron, with well regulated gymnastic exercises, etc., and have informed him that the operation cannot be performed until he has attained the full average weight for his height.

I mention this case to emphasize the point I have called attention to more than once, that impotence is unusually conservative; and that it is only in exceptional cases it should be treated by a conscientious physician.

If we ask ourselves the question in every case of impotence: "Should it be cured?" in the vast majority of cases the answer must be another negative. I am well aware that this means the loss of our patient's custom in many cases, but the true physician can better afford to lose a patient than to lose his own self-respect, by pandering to lustful appetites when we know they will be indulged to the detriment of the individual. This must be plainly stated to the patient; no half-way measures are possible. To give placebos is to surely lose the confidence of your patient; who may respect a manly refusal, but never a shuffling, half-hearted or pretended acquiescence in his wishes.

—W. F. W.]

[The above reply appeared in the *Southern Clinic*.—Ed. T. & R.]

INSOMNIA.

KNOWING the inexhaustible supply of knowledge of Dr. Waugh, I write for a little information. My patient had at the beginning (more than a year ago) cirrhosis of the liver that was almost perfectly inactive. He became very nervous, could not sleep, is despondent and melancholy and cannot sleep now. His family history is one of hereditary insanity. He became very much emaciated about six months ago; took cod-liver oil and good tonics, and is very much improved. His mind was once much impaired. I sent him to an Asylum and is at home very much improved, if not cured, so far as the insanity is concerned, but he is still despondent, and will not sleep. I

have exhausted the *materia medica* for a remedy to put him to sleep, but nothing does it. His appetite is good and general health fair. Please give me your views on the above. Still let the *TIMES AND REGISTER* continue to disseminate knowledge throughout the medical world as it is so very ably doing.

S. M. O.

[Insomnia, attending cerebral anemia, requires full feeding, the hypophosphites of quinine, lime and iron, and a bowl of hot milk and clam-juice at bed time. Melancholy demands mental quiet, freely open bowels, intestinal antiseptics and regular exercise of an agreeable nature. If anything else is required after these points have received attention, give sulfonal in doses of 10 to 20 grains at 7 P. M., and as soon as the sleep habit has been formed drop a grain of the dose every third night, adding sugar of milk to keep up the bulk.—W. F. W.]

PICKING IN TYPHOID FEVER.

I ASK for some information as to the cause of the constant picking of the nose and mouth by patients afflicted with typhoid fever. At present I have a patient who has picked his nose and mouth perfectly sore, and still continues; and I cannot find in the text-books any remedy for the same.

S. H. COWDEN, M. D.

MORILLTON, ARK.

[Picking is due to itching, and this is an evidence of that profound implication of the nervous system in which the functions of the peripheral nerves are impaired. It corresponds to the paresthesias noted in cases of chronic myelitis or as precursors of paralysis. I think it is due to toxemia, as it has not been noticed in any of my cases treated by sulphocarbolates. I would recommend this treatment and the local use of stimulants, such as tincture of camphor.—W. F. W.]

Book Notes.

ESSENTIALS OF MINOR SURGERY, BANDAGING, AND VENEREAL DISEASES: By Edward Martin, A. M., M. D., Philadelphia. Published by W. B. Saunders, Phila., Pa. Price \$1.00.

This is the second edition of Dr. Martin's *Quiz-Compend on Surgery*, revised and enlarged. The first part of the book is devoted to the subject of bandaging, and contains some very excellent cuts from photographs of the various bandages. Following this subject are a few pages devoted to the explanation of the use of surgical knots, antiseptics, sponges, cat-gut and other sutures, dressings, drain-

age, anesthetics and various other surgical appurtenances. The last part is devoted to the subject of venereal diseases.

The book is well written for the purpose it is intended, viz., a students' quiz-compend, and the only thing we find to criticize is the author's preface, in which he evidently places too much value on compends and too little on the study of enlarged text books.

If these compends are to prove of value and help to the young student it must be in the line of condensed classification of topics *after* the student has put in thorough study of the subject in the larger text-book. A graduate with but a quiz-compend-education,—and there are such—has, of necessity, a very shallow foundation for his professional career, and unless he notably strengthens it by untiring energy in study immediately after graduation, which he is unlikely to do, he will fall short of professional success.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA.

Forty-fourth Annual Session, 1893, covers the space of 426 pages, and is devoted to the publication of the transactions and papers of the last meeting of the State Society. The volume is replete with valuable literature, which shows a vast amount of work. The papers are very interesting and practical, and not the least so is the address of the president of the association, Dr. A. A. Smith.

ESSENTIALS OF BACTERIOLOGY: By M. V. Ball, M. D., Philadelphia. Published by W. B. Saunders, Phila., Pa. Price \$1.00.

This is the second edition of this work, and embodies the results of last year's labors in the field of bacteriology, as well as a review of the preceding edition. The question of immunity is still unanswered although the phagocytic theory of Nutschnikoff and the Alexines of Buchner are bringing bacteriologists the desired solution.

To those who have not the time to make a thorough study of the subject as laid down in exhaustive articles in large text- and other books, this little volume offers an admirable source for much valuable information.

To those who know little, or nothing, of bacteriology it offers a medium for obtaining a concise knowledge of the subject without a weary searching out and reading of scattered literature. We can heartily recommend it to every one.

MANUAL OF TREATMENT BY ACTIVE PRINCIPLES, CONCENTRATIONS AND NEW REMEDIES: By William F. Waugh, A. M., M. D., Phila., Pa. Published by the Medical Press Company, Limited. Price \$1.00.

A work so valuable as this must appeal to the wants of every practitioner by the power of its title alone. However, this is not all; Dr. Waugh, is so widely known, the usefulness of his former book, which was built on the same lines, so thoroughly demonstrated, and the unformulated state of the new remedies that have sprung into existence within the past few years combine to make this little manual of inestimable value.

A work of this kind is unlike the students' compend; in fact it was never intended to be used as such. The author takes for granted that everyone for whom his manual was designed is competent to read between the lines and supply the deficiency of words necessary to crowd so much material in so small a space.

The book is a collection of specific indications for the use of remedial agents, which, at some future day may well be elaborated into a system. The dosimetric system, by familiarizing the profession with the use of active principles, has done much to further this cause. Specific medication purposes specific diagnosis, and thus two objects are accomplished by the use of these instruments of precision. Doses are given in both the metric and apothecaries' measures, and it is noteworthy that the author has placed the metric scale of doses first. The placing of drugs indicated for any given disease in the order of their usefulness will render an efficient service to the subscribers to this manual inasmuch as it will enable one at a glance to utilize the remedy that has by experience proved to be of largest benefit. We certainly trust this work will receive the support from the profession it merits and we feel confident every practitioner will need one.

The Medical Digest.

MEDICINE.

New Treatment for Rheumatism.—

Prof. Bourget (Lousanne) has obtained remarkable results from the simple application, without friction, of an ointment of salicylic acid to the inflamed joints in rheumatic fever. The joints are then enveloped in flannel.

The difficulty with which Prof. Bourget was confronted in his experiments on this subject was to find a vehicle that would rapidly carry the acid in the general circulation.

The following four formulæ, in each of which salicylic acid is exhibited in a different vehicle, were successfully tried. The urine was collected every half hour and the quantity of salicylic acid present was estimated by converting it into tribromphenol:

R	Salicylic acid	$\frac{2}{3}$ ss
	Glycerine and starch	$\frac{3}{4}$ iv

Traces of salicylic acid appear in the urine five hours after the application of this ointment, but the total amount eliminated by this channel does not exceed five milligrammes (1-13 grain) in the twenty-four hours.

R	Salicylic acid	$\frac{2}{3}$ ss
	Vaseline	$\frac{3}{4}$ iv

Traces of the acid can be detected in the urine at the end of two hours. The total amount excreted in the twenty-four hours varies from six to eight centigrammes (1 to 1.3 grain).

R	Salicylic acid	$\frac{2}{3}$ ss
	Lard	$\frac{3}{4}$ iv

An hour after application the urine gives a distinct reaction. The quantity eliminated in the twenty-four hours reaches from ten to twenty-four centigrammes (1.6 to 4 grains)

R	Salicylic acid,	
	Turpentine,	
	Lanoline . . . aa	$\frac{2}{3}$ ss
	Lard	$\frac{3}{4}$ iv

Within half an hour after the application the urine yields a strong re-action of salicylic acid. The result of twenty quantitative examinations showed that the total amount of acid eliminated in the twenty-four hours varied from twenty to eighty-four centigrammes (3 to 14 grains).

If salol be substituted for salicylic acid in the last formula, it is not until forty-eight hours after the application that any trace of absorption can be detected, the acid excreted in the urine being probably the result of the decomposition of salol.

For the last two years every case of acute rheumatism admitted into Prof. Bourget's wards is treated by the application of the last ointment to the exclusion of all other treatment. No salicylate is administered internally. The results are as follows:

Pain disappears a few hours after the application of the ointment. Swelling usually diminishes as early as the second day. The temperature comes down between the third and fifth day. Lastly, this method of treatment is never attended by any of the accidents which are occasionally observed to follow the internal administration of salicylates and allied bodies.

This method presents the further advantage that it is much less expensive than others in general use.—*Med. World.*

The Etiology of Acute Rheumatism.

—It being quite the fashion now-a-days to attribute all the ills which afflict humanity to bacilli of every size and form, it is natural that articular rheumatism could not escape the researches of those who have devoted their studies to the microbian question. It is thus that M. Sahli, suspecting the infectious nature of the affection, believes he was fully rewarded by opportunity afforded him by the following case:—a young girl of sixteen succumbed to a relapse of acute rheumatism complicated with pericarditis and pulmonary trouble. Examination of the synovial membrane of the inflamed joints and of the pericardium revealed the existence of a micro-organism, seemingly identical with the staphylococcus citreus. However, M. Sahli was not able to inoculate with this virus rabbits, guinea pigs, etc. Nevertheless the author thinks that the micro-organism which he discovered is the pathogenic agent of acute rheumatism.—*Med. Press and Circular.*

Treatment of Muscular Rheumatism.

—There is no class of painful infirmities with which the country physician

has more to do than the myalgias, of which lame-back (or lumbago) and pleurodynia are types. Whether they are called muscular rheumatism or muscular neuralgia, makes little difference; it is certain, however, that these myalgias have neither the local signs nor the general symptoms of either typical neuralgia or typical acute rheumatism. By most modern authorities they are regarded as a *myositis* from cold (sometimes from fatigue), *i. e.*, a severe neuro-paralytic affection of the vascular network of the sheaths of the muscles of the part involved.

Prophylaxis consists in avoiding as much as possible exposure to cold and fatigue, and in the use of flannel under-apparel—in the observance of such hygiene as will keep the body in the best trim.

Locally, energetic revulsion by means of mustard poultices and turpentine stupes always does good, and generally the hotter these applications are, the better. Heat, more powerfully than any other agent, promotes the circulation in the congested capillary network, and the active processes of repair. Rest is above all indispensable.

The relief sometimes obtained from anodyne liniments (belladonna, laudanum, menthol, chloroform, ether, cocaine) is probably due to a diffusion of the local obtunding effect produced by these medicated liniments on the peripheral extremities of the sensory cutaneous nerves; the remote result often being an inhibition of the pain-centres in the cortex cerebri. Certainly the physician cannot count much on any benefit obtained by the absorption of these liniments.

A recent writer in *la Médecine Moderne* professes faith in the utility of gentle massage of the affected muscles, and has seen good results from galvanization.

Another remedy which might be used in many cases to advantage is gelsemium. This drug requires watching, but generally two drops of the fluid extract (P., D. & Co.,) may be given every two hours to adults, with decided mitigation of the pain and a marked general sedation. It is in torticollis, however, that gelsemium has seemed to do the most good.

It is hardly necessary to speak of phenacetin, exalgin, analgesin. Where

acetanilid does not help, these will surely fail.

It is advisable for the physician to use acetanilid in its purity, and not depend on any of the compounds (trade-marked or otherwise) in the market. He is a weak practitioner who habitually depends on the manufacturing pharmacist to compound his medicines for him or who will administer medicines the composition of which he is not certain of.—*Med. Age.*

The Anti-Rheumatic Ring.—A writer in *Science Siftings* says that two thousand years ago the Greeks believed that there was virtue in finger rings as against rheumatism. Galen, in the second century, gave heed to some of the popular fancies of that day, and recommended a ring of jasper with an intaglio of a male figure wearing about his neck a bunch of herbs.

Marcellus, in the time of Marcus Aurelius, prescribed a ring of pure gold, with certain Greek letters inscribed thereon, to be worn for pain in the side; the circlet was directed to be worn on the side opposite to the pain. The decrease of the moon was propitious to the plan of cure. "And these rings," says the writer, "had quite as much medical value as those that are now being sold for the relief of rheumatism."—*Journal Am. Med. Asso.*

Investigation on the Anti-bacterial Action of Blood Serum.—Prof. H. Buchner in a paper of a series commemorative of Prof. Pettenkofer's Jubilee Celebration contributes further investigation into this subject. From these Buchner arrives at the conclusion that where the serum and the species of bacteria are the same the anti-bacterial action of the serum depends on the quantity of the latter brought into contact with the former. The bacteria by their vital activity are capable of destroying the active material of the serum.

The globulicide action of the serum, *i. e.*, its power of dissolving the blood corpuscles of foreign species, extends not only to these but to the leucocytes, and in this action similar quantitative relation exists to those affecting bacteria. These globulicide and anti-bacterial action are diminished or altogether destroyed by light, warmth, or oxygen. The serum

of dogs and rabbits by long-continued contact destroy their globulicide and anti-bacterial properties.

Continued activity is possible even when the albuminous bodies of the serum are precipitated and the dried substance is again dissolved. These globulicide and antibacterial properties of blood serum are of a specific nature and dependent on the kind of animal affording the blood or serum, and the kind of bacteria.—*The Medical Press.*

SURGERY.

Rheumatism and Arterio-sclerosis.

—Dr. Manteuffel discusses the relation of so-called rheumatism in the lower extremities and vascular disease. The pains complained of are situated in varying parts of the feet and legs, the feet are cold, and numbness may be experienced. The skin looks pale, and is often desquamating in minute scales. Sometimes patches of characteristic erythematous oedema may be seen with an increase in the symptoms above described. In these cases the pulse should be carefully examined. Differences may be present, and the arteries may be found degenerate. These manifestations are not to be confounded with articular affections, nor with sclerosis of the veins. No varices or pigmentation are present. Localized oedema is, of course, not to be mistaken for more general oedema due to venous obstruction. It may be difficult to distinguish this affection from neuralgia, and in cases of arterio-sclerosis the nerves may also be involved. For proof from morbid anatomy the author refers to cases of angio-sclerotic gangrene slowly developed and preceded by pains. He cites a case of gangrene in a girl, nineteen years of age, with diseased arteries, in which rheumatic pains had long preceded the gangrene. As to whether these rheumatic pains are a preliminary stage to gangrene cannot be denied with certainty in some cases. If the collateral circulation is sufficient, gangrene occurs, but this last stage is often not seen. The author warns against local massage in these cases of arterio-sclerotic rheumatism. Some patients whose disease is written of as rheumatism, or even hysteria, thus really suffer from arterio-sclerosis.—*N. Y. Med. Record.*

THERAPEUTICS.

Antikamnia in Rheumatic Gout.—

Dr. C. W. Chancellor, U. S. Consul at Havre, in a note addressed to the Antikamnia Co., St. Louis, writes, that after an experience of about four years with antikamnia, he was unwilling to leave the country without a supply, for it has certainly been a great boon to him in his attacks of rheumatic gout. It not only relieves promptly the pain, but it seems to give tone to the stomach, and after taking it at night he awakes in the morning with an excellent appetite and free from headache.

Massage in Muscular Rheumatism.

—Graham, *Amer. Jour. Med. Science*, referring to lumbago, points out that this may arise from cold, strain, fatigue or rheumatism. Its pathology is probably coagulation of the semi-fluid contractile muscular substance, and adhesion of muscular fibrils, so that motion gives rise to irregular and painful contractions. Retention of waste products occurs, the worst of these being uric acid. Recent cases of muscular rheumatism are almost invariably cured by a few massages. The same result may be brought about by rest, warmth, electricity, or the use of such drugs as salicylate of soda, though not so rapidly. Graham claims for massage five different actions, namely, mechanical, thermal, electrical, nervous, and chemical, and suggests that when a case of apparent muscular rheumatism not only does not yield but does not remain improved after a few massages, the probability is that the case is one of neuritis affecting the nerve-fibres that supply the impaired muscles. This probability would be strengthened when the pain is uniform, affecting the same muscles on both sides, when it is worse at night when at rest and warm in bed, and better when up and moving about; whereas muscular rheumatism is aggravated by motion, and relieved by rest and warmth. Massage may thus be used as a means of diagnosis between muscular rheumatism and neuritis.

Liniment for Rheumatism.—Oil of wintergreen and olive oil mixed in equal parts and applied externally will give almost instant relief from pain. On ac-

count of its pleasant odor this liniment is very agreeable to use—*Charlotte Medical Journal*.

Salicylate of Soda per Rectum.—In all cases where salicylate of soda disagrees with the stomach, it can be administered per rectum without any difficulty. In the clinic at Munich, after an evacuating enema, the following mixture is injected pretty high up in the bowel: One and one-half to two drachms of salicylate of soda; water, three ounces, and a pretty large dose of tr. opii to prevent irritation of the bowel.—*Cincinnati Lancet Clinic*.

Gelsemium in Rheumatism and Neuralgia.

—In an article with the above title by Dr. A. Atkinson (*Charlotte Medical Journal*, July, 1893) the author says: "Often the trouble in administering the stronger fluid extracts and tinctures lies in the fact that the alcohol will evaporate and the extractive material will gum up and fall to the bottom and the sides of the bottle, and though you may administer a properly assayed article, you will now and then get too much of the active principle and trouble will follow. Then, too, people keep medicines too long and they become uncertain and irregular in their action. It is safe in administering strong drugs when we can readily procure the alkaloid safely and properly adjusted, to prescribe the article put up by some reliable manufacturer—seeing that it had not been kept too long, and such active drugs are accurately and beautifully put on the market in a soluble form, and even though we have a granule which presents all the appearance of freshness and complete solubility, a good plan is to put it in water a few minutes before administering it, or to stick a hole in it and let the patient swallow it in a half softened state.

There is no question but that the gelsemium will afford relief in many cases of neuralgia, but it must be pushed far enough to secure its physiological effects, just short of injury, if we expect to obtain full relief. In facial neuralgia Massini has found that 20 minims every half hour, for three doses, almost invariably cures. This we would call getting its full effects—one drachm of the tincture in one hour and a half."

NEW PREPARATIONS.

A New Mydriatic.—Bromohydrate of Scopolamine. Its employment in ophthalmic practice. *Rachlamann.*

Scopolamine is an alkaloid extracted by A. Schmidt from the root of *scopolia atropoides*. The alkaloid belongs, like hyoscine, atropine, etc., to the group of tropeines, and like these, produces dilatation of the pupil. According to Lodenburg, the alkaloid is contained along with hyoscine, without being identical with the latter, in *hyoscyamus*. Its chemical constitution is completely different from that of atropine or hyoscine; it is rather isomeric with cocaine. After experiment on sound and diseased eyes, scopolamine has proved itself, as a mydriatic and antiphlogistic, superior to any other of the same group, and is at the same time free from the after effects observed in the use of the others. It can be used longer without dryness of the throat or the face, or nervous agitation seen in the use of atropine. It does not appear to act on the intra-ocular pressure. The bromhydrate of scopolamine is about five times as energetic as atropine, and paralyzes to the same degree the iris and accommodation. Scopolamine should be used in solution, ten to five per cent. It acts best in fractional doses. For adults six to seven drops of the solution may be used during the day, or may be applied every 15 minutes during the space of one and one-half hour.

Extract from *Klinischen Monatshefte für Augenheilkunde*.

E. W. BING.

CHESTER, PA.

Formalin.—This name has been given by the Chemische Fabrik auf Actiengewerkschaft E. Schering, in Berlin, Germany, to a forty per cent. solution of formaldehyd in water, which they have first produced for medical and other purposes.

Formalin mixes with water in all proportions. It is, therefore, easy to prepare any dilution that is wanted. If a one per cent. solution of formalin is desired, one part of formalin is added to forty parts of water; this gives us forty-one parts of a one per cent. formalin.

Formalin has been found by Loew,

Buchner, Aronson, Berlioz, Trillat, Stahl, and Liebreich to be an excellent disinfectant and antiseptic. The exceedingly favorable results obtained by these authors have been recently confirmed by Prof. Dr. K. B. Lehman in Würzburg, Dr. Karl Gegner in Stadtoldendorf, and Dr. Blum in Frankfurt-on-the-Main, who published their experience with formalin in the "*Munchener Medizinische Wochenschrift*," No. 32, of August 8, 1893.

Summing up the results of these experiments the properties of formalin may be expressed as follows:

1. It has an extraordinarily active microbicide power similar to that of sublimite.
2. It is comparatively non-poisonous.
3. It attacks only the substance of the contagious material, leaving intact the articles treated, whether of organic or inorganic nature.
4. It is very readily employed under all circumstances, either as a liquid or in a gaseous form.

Another marked advantage of the vapor of formalin is this, that its specific gravity closely approximates to that of the air, so that there is no difficulty in keeping the atmosphere of an enclosed space uniformly impregnated with formalin vapor.

The first essential of a good preservative is its relative harmlessness to human beings. Administered per os, rabbits can bear a larger dose of formalin than of carbolic acid.

Regarding the proportion as 1 in 10,000 as sufficient for the sterilization of broth cultures with formalin the largest dose taken without harm (1.5 gramme) would suffice to keep 6 quarts of broth free from fermentation. When strongly infected and under conditions especially favorable to bacterial growth, double this concentration might be safer, but a much smaller quantity of formalin would be required to effect sterilization of food only exposed to the air. Consequently, formalin can be considered a safe and relatively non-poisonous preservative.

In conclusion, Dr. Stahl, in a report published in No. 22 of the "*Pharmaceutische Zeitung*" of 1893, says:

I have no doubt that formalin will play a very prominent part in the mat-

ter of disinfection. This it deserves on account of its extraordinarily great power as a germicide, combined with its comparative want of poisonous action; furthermore, because it only attacks the infectious material, leaving the other organic or inorganic substances with which it comes in contact unharmed; and last it is easily handled, and may be applied anywhere, and it is low-priced.

Its unique property of being absorbed by solid bodies and condensed by them into Paraformaldehyd renders it possible that it will pervade all cavities and enter by its own accord the deepest cracks and recesses and other places that have not been reached during the disinfection.

[Formalin May be found at the New York office of Schering and Glatz.—Ed. T and R.]

Antidiphtherine.—The preparation to which Professor Klebs has given the above name is obtained by liquid culture of the diphtheria bacillus. Placed in contact with these bacilli this preparation possesses in a marked degree "the ability to destroy them," and that, not only "in vitro," but also in the human organism. In all cases in which its quite inoffensive employment in diphtheria has occurred, it has caused lowered temperature, and at the same time liquified and eliminated the membranes. In the majority of cases, the morbid process was destroyed, although in some cases a tonic cause was required to combat the resulting toxic phenomena. Antidiphtherine occurs under two forms of concentration corresponding to double or quadruple concentration of the mother liquors of the cultures. The stronger of the two serves for applications to the diseased part of the pharynx and palate; the weaker solution, in small quantity, may be used directly in the larynx, if its invasion renders a direct application necessary.

[Translated by E. W. Bing, M. D., Chester, Pa.]

Rubidium Iodide.—This new preparation, which is made by Schering, serves therapeutically the same purpose as iodide of potassium, but is free from the unpleasant side-effects of the latter.

Both of the above preparations may

be obtained from Schering & Glatz, 55 Maiden Lane, New York City.

DISEASES OF CHILDREN.

Chorea in its Relation to Rheumatism, was the title of a paper presented to the Mississippi Valley Medical Association by Dr. I. N. Love of St. Louis.

The author said that recently the pathology of this disease has been cleared up to a very considerable degree, so that now it is a definite affection and one especially incident to childhood. Dr. Love reported a case of chorea occurring in his practice with a marked history of rheumatism, it being one of ten cases observed and illustrative of this class. The cases did not occur successively. Between them other cases presented themselves *minus* the rheumatic history, but four of the number occurred in rapid succession with a pronounced rheumatic history. Of the entire ten, seven were girls. Among the exciting causes of the disease are irritation of the nostrils and adenoid growths in the vault of the pharynx. Inasmuch as Kirkes, Tuckwell, Hughlings Jackson and Bastian support the embolic theory of the disease, and in consideration of the fact that chorea is so frequently associated with endocarditis, we should be on the alert to interrogate the heart when called to a case of chorea. As matters now stand, we have numerous exciting causes resulting in chorea.—*Journal of A. M. A.*

OBITUARY.

Dr. John C. Peters, the well known bacteriologist, has died, at his summer home, in East Wiliston, Long Island. He had practiced medicine in New York for more than 50 years, and was once President of the County Medical Society. He was a leading expert in Asiatic cholera, and has published many works on this and other subjects. Eight years ago he retired from active practice, and has spent most of his time since then in his Long Island home. He did not give up his studies, however, but frequently contributed articles to the medical journals. His age was 74 years.

Miscellany.

HOMEOPATHIC AND FAITH-CURE STATISTICS.

The *People's Health Journal*, a homeopathic journal of Chicago, publishes an exhaustive report of an exhaustive investigation by an exhausting homeopath, of the comparative statistics of homeopathy and "allopathy" as to the relative success in the chief American cities in the cure of disease. Of course, in every instance the poor "allopath" comes out with a sorry showing. The percentage of cures of the successful homeopaths should convince a doubting world, if figures could do it, and should make us hang our heads in bitter shame. Three simple facts, however, should be noted: 1. An attack of "spring fever" is not, by any honest man, diagnosticated as typhoid fever, nor every case of "sore-throat" classed as "diphtheria." Cure is easy and statistics cheap under such classification. 2. To have any value, statistics must be gathered by impartial men, not partisans. 3. No statistics exist, or by any stretch of sane imaginations can be supposed to exist, at the present time whereon to base such conclusions or any conclusions whatever. "Figgers won't lie, but figgerers will."

The homeopaths' half sisters; the faith-curists, have also been holding a convention (conventions are fashionable nowadays), and had also their own splendid array of statistics. The *Boston Medical and Surgical Journal* says of these statistics:

"Out of two hundred cures reported, of thirty patients a diagnosis of organic disease had been made, and there were the usual number of fractures which had been marvellously reunited by faith. There was no record made, however, as to the subsequent position and deformity. The time of this method of cure appears to be much shorter than that required by surgical means—as one case of a broken ankle was said to have been cured in five minutes.

"The greatest curative effect of faith seemed to be upon erysipelas, for one hundred cases of speedy cures were reported. In what way the streptococcus is affected by a profession of faith was not clearly explained.

"The only case not curable by this means appeared to be rupture of the heart; for one person testified that by faith his child had been cured of colic, and a daughter of pneumonia. Their little one had been taken from them, but not by sickness; he died of a broken heart."—*Medical News*.

HYPNOTISM: DOES IT MENACE THE PUBLIC WEAL.

This was the title of a paper before the section on nervous diseases of the Pan-American by F. C. Valentine of New York. He reaches the following conclusions:

1. The therapeutic possibilities of hypnotism are not denied. A patient who persuades himself, or is persuaded, that he can be cured by the hypnotic influence is as well or better cured than by drugs or appliances that do not appeal to his view of the case.

2. The hypnotic state should never be allowed a status in law or morals. While it is certainly better that a hundred rogues escape than that an innocent being be punished, there is no human mind conceivable that can be induced by hypnotic suggestion to do what its owner knows to be wrong. Those "moral defectives" who can not distinguish right from wrong are proper subjects for the insane asylum.

If these propositions were established hypnotism would, the author thought, have its status defined and thus would be deprived of all power for evil. It must be clearly understood that no one could be hypnotized without his own full consent and co-operation; consequently any violation of the law of the land or even of an unwritten code of morals while under the alleged "influence" was as punishable as if committed in full, independent possession of the mental faculties. With this view everywhere accepted and established, hypnotism would no longer be a menace to the public weal.

Dr. Valentine said that he had only presented his paper in abstract. He believed, however, that every patient who had been hypnotized had been humbugged. He was of the opinion that ere long hypnotism and works on the subject would be relegated to the galleries of ancient discarded medical curiosities.

OBSTETRICS AND GYNECOLOGY.

THE PRESENCE OF SUGAR IN THE URINE
OF PREGNANT AND NURSING WOMEN.

Berberoff, (*Vratch*, 1893, No. 16), after a careful investigation of the urine of women in the pregnant and puerperal states, has given the following interesting results of his experiments. The urine in all cases was drawn by a catecter, the specific gravity taken, and all albumin eliminated. Sugar was tested for by the tests of Trommer, Nylander, and Rubne, and when all three tests proved the presence of sugar it was considered positive. The urine of 45 women was examined, and of these 9 were pregnant, 25 confined, and 12 nursing.

The results were as follows:

1. During the last month of pregnancy no sugar was found.

2. Of the 25 parturients, 10 gave a positive result; 3 a trace; 12 negative. Sugar was present from the third to the fifth day.

3. The result in the cases of the 12 nursing patients was negative.

4. The character of the sugar was demonstrated, 1st, by elimination—*i. e.*, urine which gave positive result with tests of Tommer, Nylander, and Rubne, gave negative results with the fermentation test. 2d, by transformation—*i. e.*, transforming lactose into galactose, which then gave positive results with fermentation.—*Am. Jour. Med. Sciences.*

It is of a doctor, if I recall it rightly, that the following story is told: He was seated in his office busily engaged writing. He had endured numerous interruptions, which had somewhat tested his patience, but not annihilated his sense of humor. A gentleman is announced and walked into the room. The doctor looked up and said, "I will be through in a moment, sir; take a chair, please." "Sirrah!" said the pompous individual who had entered, "do you know who I am? I am the Lord Vicomte de Bourneville!" "Is that so?" said the doctor. "Well, then, take two chairs."—*St. Louis Clinique.*

Prescriptions.

ACUTE AND CHRONIC RHEUMATISM.

For the last six years M. Ruel has treated externally only acute or chronic rheumatism. Compresses steeped in the following solution are applied twice a day to the articulation and covered with oil-silk so as to prevent evaporation:

Salicylic acid. 3v
Proof spirit, 3ij
Castor Oil, 3vij
Chloroform, 3iv

When the applications are properly made the salicylic appears in the urine twenty-four hours after.

—*Medical Press and Circular.*

RHEUMATISM.

R Vini colchici rad. 3 iiss
Potass iodidi
Potass carbonat . . . aa . . . 3 iij
Aqua et syr. limonis . . aa . . . 3 ij

M. Sig.—Take a teaspoonful every three hours. Used in acute and sub-acute rheumatism by the late Dr. McFaddin, Phila.

—*Medical Summary.*

Dr. Coit Taylor (*Medical World*, July, 1893) recommends the external use of phenacetine for rheumatism. He writes: "Rheumatic pains of the joints, pains from sprains, contusions or bruises:

R Phenacetine gr. 15 to 20
Sp. vine. rect.,
Aque bul. aa. oz. 1

To be applied on cloths as hot as it can be borne.

Or

R Phenacetine grs. 15 to 20
Lanoline drachm 1

Make into an ointment and apply by manipulation.

"Apply these when indicated, and the results will be satisfactory."

R Liq. Ammon. Ichthyo. sulph. (30 per cent.) 3ij
• Lanoline 3j
Ft. unguentum

S. Apply to swollen joints.

—Schmidt, *Annual Univ. Med. Sciences.*

R Ichthyol 3i
Ft. capsule No. xx.

S. Three to six capsules internally during the twenty-four hours.

—*Ibid.*

RHEUMATIC PHARYNGITIS.

M. Braislín recommends :—

- R Acid salicylici gr. xv
 Ferri pyrophosphat gr. iv
 Sodii phosphat gr. $\frac{3}{4}$
 Aquæ f $\frac{3}{4}$ ss

M. Sig. For one dose. Repeat every four hours

—*Rev. Intern. de Rhinologie, etc.*

RHEUMATIC SORE-THROAT.

Dr. Fletcher Ingals, as a topical application, uses the following pigment :—

- R Morphin. sulph. gr. iv
 Ac. carbolic,
 Ac. tannic, aa. . . . gr. xxx
 Glycerini,
 Aquæ dest. aa. . . . $\frac{3}{4}$ iv

M. S. Apply locally.

—*Medical Bulletin.*

ACUTE RHEUMATISM.

- Acidi salicyl
 Lanolin
 Ol. terebinth . . . aa. . . . $\frac{3}{4}$ iiss
 Axunge $\frac{3}{4}$ iiss

S.—Apply freely to joints. Give no medicine internally.

RHEUMATISM.

Dr. J. Howard Egbert, of Boston, Mass., proposes the following formula in Notes on New Remedies :—

- R Salipyrin $\frac{3}{4}$ ij
 Syr. acaciæ $\frac{3}{4}$ j
 q. cinnamon ad. . . . $\frac{3}{4}$ iv

M. Sig. Tablespoonful (f $\frac{3}{4}$ iv) every two or three hours.

—*Medical Bulletin.*

FOR ACUTE RHEUMATISM.

- R Antipyrin $\frac{3}{4}$ iij
 Syr. Aurantii cort. $\frac{3}{4}$ i
 Aquæ $\frac{3}{4}$ iij

M. S. A dessertspoonful thrice daily (in afebrile cases.)

—*Germain See.*

- R Hydrochinon $\frac{3}{4}$ ss
 Aquæ cinnamoni $\frac{3}{4}$ iij

M. S. One half to two teaspoonfuls two times a day.

—*Sylvester and Picchini.*

- R Pimentæ $\frac{3}{4}$ vi $\frac{3}{4}$ j
 Aquæ Ammoniae $\frac{3}{4}$ iis $\frac{3}{4}$ i
 Ess. thymi
 Chloral Hyd. aa. . . . $\frac{3}{4}$ iiss
 Spts. vini. rect. (60 dg.) Ojj
 M. Ft. linimentum.
 S. Apply. Use pure or mixed olive oil.

—*Poulet.*

- R Sodii salicyl $\frac{3}{4}$ vi
 Glycerinæ $\frac{3}{4}$ sv
 Aquæ cinnamoni $\frac{3}{4}$ vi

M. S. A teaspoonful every two hours until tinnitus aurium is produced then every four to six hours until acute symptoms have abated, then give—

- R Sodii bicarbonatis $\frac{3}{4}$ iv j
 In pulv. No. xij dividi.

Sig. A powder in half a glass of water until the urine is alkaline to test paper. If patient is anemic, begin on soda at once, omitting the salicylate, and give cod-liver oil and iron from the tart.

—*A. L. Loomis, Bellevue Hospt. N. Y.*

For the treatment of chronic rheumatic attacks, Dr. James Garretson of Philadelphia, considers the electric bath most excellent in results.

Items.

AN ACCOMPLISHED PHYSICIAN, WHERE NO EXAMINING BOARDS EXIST.

The following comes from Oklahoma :
 "Located at Perkins and will visit Patient at their home if so Desired.

"Dr. C. WHEELTER and for Beast.

"Special attention will be taken in female complains old or young also in Midwifer at an call and will treat cases of Rhumatism and Eplective fits and the Doctor will keep on hand a saly that he makes himseff good for man women ailments wanted as good a saly that is in the united State for soorse or swelling saddle soores or collar Bruises and will grow out a New hoof and the Doctor will make a syrup for coughs and cold and Plurise in the side or lungs charges Reasonable Consultation Free.—*Sanitarian.*

The Yellow Fever.—There were 40 new cases of yellow fever and four deaths at Brunswick, Ga., on Saturday. There is great need of nurses.

The Times and Register.

Vol. XXVI. No. 44. PHILADELPHIA, NOVEMBER 4, 1893.

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Original Articles.

LARGE DOSES OF STRYCHNINE IN THE TREATMENT OF PULMONARY AND CARDIAC DISEASES.*

By THOMAS J. MAYS, A. M., M. D.,

[Professor of Diseases of the Chest in the Philadelphia Polyclinic, and Visiting Physician to the Rush Hospital for Consumption.]

FROM quite an extended experience with the use of strychnine I feel convinced that this drug gives better practical results in the treatment of pulmonary and cardiac diseases than any other single remedy at our command, and it occurred to me that a short discussion of the principles which I have followed in its administration might be of interest to the members of this Society.

It is needless to tell you that strychnine has a more powerful stimulating influence over the nervous system than any other drug in the materia medica, and that besides its general action it has

a special influence on the nerve supply of the lungs, heart, stomach, intestines, etc. Now, without going into details, it is my belief that many affections of the lungs and heart are fundamentally dependent on disorder of the nerves which supply these organs, and that the curative effects of this agent in these diseases rest largely on the power which it has in correcting this primary aberration. Over and above this it has been recently shown that strychnine also has the faculty of multiplying the corpuscular elements of the blood, and is therefore, like iron, a blood-builder. A combination of such valuable properties in a single agent makes it apparent on theoretic grounds alone why strychnine should possess such a beneficial therapeutic effect in the diseases which we are here considering, since anemia is one of their most common complications. In spite of these desirable qualities I believe that we often fail in obtaining its best effects by giving it in doses which are entirely too diminutive. I do not mean to say that strychnine should be given in large doses in every disease to which it is applicable, for such a statement might lead to great harm if it were

*Read before the Philadelphia County Medical Society, September 27th, 1893.

practically carried to its legitimate end, but these remarks pertain only to those diseases to which reference is made in this paper. The custom of giving strychnine in doses of $\frac{1}{60}$ or $\frac{1}{50}$ of a grain I have discarded long ago, for I feel satisfied that such amounts are comparatively worthless. It is very rare that I begin with a smaller dose than $\frac{1}{32}$ of a grain, and more often with $\frac{1}{30}$ of a grain, and then gradually increase in an ascending scale until I touch the limit of toleration. Strychnine is peculiar in this respect. The length of the ascending scale from the effects of such a dose to a point where the physiological action of the drug begins to develop itself is usually very long, and during the time that this is traversed by the therapist, a free opportunity is given in which to obtain the full stimulant action of the drug in gradually increased doses. I usually incorporate one grain of strychnine with phenacetin, quinine, etc., and divide the whole into thirty-two capsules, and give one capsule four times a day. This lasts eight days and then $\frac{1}{8}$ of a grain more of strychnine is added to the whole quantity, which is thereafter increased $\frac{1}{4}$ of a grain every eight days until the limit of toleration is approached. This varies very much in different individuals. I have a number of patients under my care at the present time who are taking $\frac{1}{10}$ of a grain and, four who are taking $\frac{1}{7}$ of a grain, and one who is taking $\frac{1}{6}$ of a grain four times a day. Most of these patients have been taking the drug from three to seven months continuously. I have seen patients, however, who could not endure more than $\frac{1}{20}$ of a grain four times a day. So soon as the patient begins to show evidence of intoxication the dose is reduced to a point where this is no longer manifested, and then maintained there permanently or again increased after some time. It is possible, however, and this should always be borne in mind, that the dose which was toxic once may in time be taken with impunity. This would seem to show that the poison line of strychnine recedes, and that the drug establishes a certain degree of tolerance for itself. Yet I have met with one case where the administration of the drug was broken off for almost two weeks, and then, on resuming the same dose which was

previously taken, marked rigidity of the lower limbs followed after the first two doses.

What, if any, are the untoward effects of strychnine when given in such large doses? So far as I know there are none except its occasional tendency to produce diarrhea; but at the very worst I do not believe this proneness is very pronounced. In my earlier acquaintance with it, I fancied that it aggravated the diarrhea which is such a frequent accompaniment of phthisis, but my later experience fails to confirm this, since I have seen cases of intestinal tuberculosis get well when strychnine was given in combination with morphine and oxide of zinc. It has been asserted that it causes albuminuria by reason of the high blood tension which it brings about. Of this I have not observed the least evidence, having frequently examined the urine of patients to whom strychnine had been administered in such large doses for more than a year.

I will now briefly consider in greater detail the mode of giving strychnine in each disease to which it is believed to be applicable. In *asthma* I usually begin by introducing about $\frac{1}{20}$ of a grain under the skin, and administer about $\frac{1}{30}$ or $\frac{1}{25}$ of a grain by the mouth four times a day, and gradually increase this in the way above indicated. Hypodermatically it is given once a day or every other day, and if possible in the evening, until there is an approach to the production of the toxic effects of the drug. Suitable doses of phenacetin, quinine, capsicum, and ammonium muriate will enhance its action. So far as my experience goes strychnine must be regarded as the most powerful adjuvant in the treatment of asthma, although we must never lose sight of the importance of treating the diathesis or exciting cause on which the disease often rests, and also of improving the general nutrition.

Bronchitis, whether acute or chronic, is very much benefited by strychnine. It checks the cough, diminishes the expectoration, improves the appetite and puts to one side the whole constitutional relaxation and feebleness frequently present, especially in the chronic form of this disease. It must be given in ascendant doses, and may be combined with benefit

with the syrup of the hypophosphites or hydriodic acid, or with both.

Strychnine is one of the most useful agents in treating acute pneumonia, whether this is of the croupous or catarrhal variety. I usually begin by injecting $\frac{1}{20}$ of a grain, and if the case is severe I keep this up morning and evening, together with the internal administration of $\frac{1}{20}$ of a grain every three or four hours until symptoms of intoxication begin to show themselves. This I have seen to take place on the second and third day of the disease. If the case is a mild one it will suffice to give $\frac{1}{20}$ of a grain every four hours.

I know of no disease which is more eminently benefited by strychnine than pulmonary consumption. Indeed, as a rule, it seems that sufferers from this disease are capable of taking this drug in extraordinarily large doses. I have a number of phthisical people under my care at the present time, both in hospital and in private practice, who are taking over half a grain of it a day—a dose which had been reached by a gradual increase of a smaller one. For a more complete description of the use of strychnine in primary pulmonary diseases I would refer you to a paper of mine on this subject, contained in *The Medical News* of July 22, 1893, and the remainder of this paper will be devoted to a consideration of the application of this drug to cardiac and cardio-pulmonic diseases.

In recommending strychnine as one of our most valuable cardiac stimulants a fear may spring up in the minds of many that this drug is put forward for the purpose of displacing digitalis—the old and well tried heart-tonic. That such a suspicion is not altogether groundless when held by those who prescribe digitalis for almost every phase and form of heart disease they meet, is true; but he who looks the question of cardiac therapeutics squarely in the face, feels, although more perhaps from an instinctive than from a scientific standpoint, that the action of digitalis is not interchangeable with that of strychnine, and that each fulfils its own peculiar indication in the treatment of diseases of the heart. Although we may not be able to draw a rigid line of demarcation between the behavior of

these two agents, we have experimental evidence to show that digitalis acts more on the muscular and less on the nervous structure of the heart than strychnine.

My own experiments demonstrate that digitalis enhances or increases the irritability of the heart muscle, while strychnine depresses or reduces it; and that the former arrests the heart in systole while the latter arrests it in diastole. It is my belief that the action of these drugs is as dissimilar clinically as it has been shown to be physiologically, and that strychnine is principally indicated in those diseases of the heart which are dependent on a disturbance of innervation, as for example, in simple cardiac weakness and in irregularity and intermittency of its pulsations, while digitalis is preferable in cases where there is a want of compensatory power in the heart muscle, as in valvular incompetency.

Bearing in mind this difference, strychnine should be prescribed when the nerve supply of the heart is enfeebled through auto-intoxication such as is found in the post-paralysis of diphtheria, scarlatina, measles, smallpox, influenza, whooping-cough, and in poisoning from alcohol, lead, mercury, etc.

Irregularity and intermittency of the heart's action are frequently benefited by the administration of large doses of strychnine, and more often than not, do we find that digitalis is utterly useless in such cases. Sometimes the irregularity will remain even under the influence of strychnine, but the symptoms which are dependent on or a part of this condition, such as pain in the precordium, orthopnea, oppression of the chest, will improve or disappear, especially if suitable evacuant remedies are used at the same time. This whole disorder I regard as being probably due to a want of power in the discharge of nerve-force of the heart or rather, perhaps, to a lack of nerve control over the discharge of the muscle force of the heart. This weakness of nerve power is not only marked in the heart, but it is also apparent in the lungs and frequently manifests itself, especially in elderly people, in a co-existent odema of the bases of both lungs.

Moreover, there is often found an irregularity or intermittency of the heart's action in severe seizures of asthma, and

I know of nothing which will remove this accompaniment, as well as the original disease, as strychnine in large doses promptly administered, both hypodermatically and by the mouth.

Angina pectoris is another paroxysmal disease in the treatment of which strychnine in large doses stands pre-eminent.

Again, digitalis is always regarded as the sovereign remedy in the treatment of valvular diseases of the heart and their sequences, but there comes a period in the life history of every such affection in which digitalis, no matter how much benefit was derived from it before, proves utterly useless. This leads of course to disappointment, and often gives rise to serious suspicion concerning the utility of this important agent. The fault lies, however, not in the drug, but in its improper application. It has done all that could be reasonably expected of it. It stimulated the heart-muscle to renewed activity after the valvular rupture occurred. It aided in developing its muscular fibres and restored its former power; but now, for some reason or other, the nervous energy of the patient begins to flag, and the heart-walls commence to relax in spite of the muscular hypertrophy which is present, and digitalis no longer possesses the spurring properties which it once had. The blood dams up in the left ventricle and auricle, the pulmonary circulation becomes impaired, cedema and congestion of the lungs follow, and death is threatened by way of the pulmonary organs. It is at such a time, when digitalis fails to counteract these many incidental complications, that strychnine steps in and shows its superior value as a tonic to the waning nerve energy of the heart and lungs.

DISCUSSION.

Dr. Lawrence F. Flick :—This is too practical a subject to be permitted to pass without some discussion. There is no drug that has become more popular in recent years than has strychnine just in the class of cases to which Dr. Mays alludes. While we have apparently empirically come to the conclusion that this drug is of very great value in these diseases, I do not know that I have seen a satisfactory explanation of why it is so. There is one peculiar result in the use of

strychnine which gives somewhat of a clue to its manner of action. This was not mentioned by Dr. Mays. It is the marked increase of weight that occurs under the use of large doses of strychnine. I do not know of any other drug which will produce this effect so rapidly and so satisfactorily. It seems to me to indicate that the real cause of benefit, after all, is possibly the increase of nutrition, and yet why this increase in nutrition from the use of strychnine? It is probable that its effect in stimulating involuntary muscles has a great deal to do with the result. The special action of strychnine is stimulation of involuntary muscles. This is true not only of the muscles of the heart and of the blood-vessels, but also of the muscles of the stomach, intestines, etc.

In the treatment of tuberculosis, strychnine is certainly one of the most valuable remedies that we possess. It should be used in large doses. It, along with many other remedies which go to build up the nervous system and improve the nutrition, are really essential in the treatment of tuberculosis. When we use remedies which build up the nervous system, and with them use the germicides that have lately been introduced, we can obtain very gratifying results in the treatment of this disease which has hitherto been so discouraging. The use of strychnine and other stimulating drugs should be accompanied by the employment of such germicides as have shown themselves to be of value. I have seen recently reports of some excellent results with tuberculin and tuberculinidin, and if these reports continue to come as they have, I feel that we can soon approach the treatment of tuberculosis with a great deal more courage than in the past.

Dr. Charles Wirgman :—I can give my testimony as to the value of strychnine in asthma. I have a patient suffering with severe asthma, the result of hay fever, taking one-twelfth of a grain four times a day. He is a man of relaxed muscular fibre and rather feeble constitution. He has had these attacks every autumn for some years. I began with one-sixtieth of a grain and increased to one-fortieth, and then to one-thirtieth. Observing no toxic symptoms, I in-

creased the dose to one-twentieth and finally to one-twelfth, four times a day, I think with decided benefit to the general nervous tone. I have never observed, in this case, or in others, any accumulative effect of the drug. As far as influence upon the pulmonary tract is concerned, I have observed no positive action, that is, in the sense of an expectorant, but it certainly does increase the general tone so that a patient has more strength to expel the secretion which accumulates. The only symptom that might indicate a toxic action has been a slight amount of spinal irritation, but I have been inclined to attribute this to the semi-recumbent position which he has been compelled to maintain.

Dr. S. Solis-Cohen:—There is no question in my mind that large doses of strychnine can in certain cases be well borne for prolonged periods. In hysterical and other forms of aphonia, and in paralysis following diphtheria, I have frequently given as much as one-fifth of a grain three times a day for several days in succession, having reached this dose by gradual increment; and I now have under my care a man who has been taking one-tenth of a grain of strychnine three times a day for some two years, and who has at times for short periods taken even larger doses. This is a case of syringomyelia with cardiac feebleness. But while I am sure from what Dr. Mays and others have reported, and from my own observations extending over many years, that these doses of strychnine can be well borne and are useful in certain selected cases, I am not one of those who believe that these large doses should be given to every case or to a large number of cases. Both in acute cases and when the drug is to be long-continued, I have seen, as a rule, better results from what nowadays would be considered very small doses, namely, about one-sixty-fourth of a grain or one milligramme. The reason for that is quite clear. In some very interesting researches communicated by Mr. Hodges to the American Physiological Association at the last meeting of the Congress of Physicians and Surgeons at Washington, and in which the effects of exercise and rest upon the ganglion cells of the brains of bees and of sparrows were demonstrated,

it was shown that during the periods of activity a certain vacuolation of the gray matter of the nerve-cells was produced; an absolute destruction of tissue during the physiological process of nervous function. During the period of rest, repair takes place. Strychnine is an agent which above all others stimulates nervous function, and naturally in the process of stimulation of nervous function leads to destruction of nerve tissue. This is, of course, the absolute physical necessity; energy can only be produced, whether in the body or out of it, by an arrangement of matter—a reduction of existing forms into less complex forms, with liberation of the energy locked up in the complexity of structure. Mr. Hodges also showed some spinal cells from a cat poisoned with strychnine, and called attention to the correspondence between the vacuolation in the spinal cells of the cat from strychnine activity and the vacuolation in the brain cells of bees and sparrows from normal activity; there is no doubt in my mind that the correspondence holds throughout. Strychnine adds nothing to the stores of energy of the patient. Its great usefulness in apparently giving strength to a weak man, is due to the fact that it calls upon him for the exercise to the full of such reserve energy as he possesses. It stimulates the nerve-cells to their highest activity, quickly liberating the locked up energy, and in so stimulating it inevitably uses up a certain amount of nerve tissue. If, after this, sufficient rest is allowed, repair takes place, and takes place more quickly because the nutritive processes have been stimulated by the action of the drug. Now, if the amount of activity with concomitant reduction of nerve tissue caused by strychnine can be proportioned to the needs of the patient so nicely that we shall get the maximum of stimulation of the nutritional processes and the minimum of expenditure of the patient's nerve tissue, it is evident that this is the proper point at which to stop. Pushing it beyond that, we cause an unnecessary expenditure of energy and loss of tissue which has to be made up from the food and in other ways. The nicety of adjustment most beneficial is not to be expressed in figures; it differs with the patient and with the disease, and to reach

it requires careful observation and good judgment. Still it is something that we should aim at and that every intelligent physician should be able to secure. The fact that we do not kill a patient by large doses of strychnine does not necessarily prove that we have done him good. The fact that a patient is not killed by a surgical operation does not prove that the operation was indicated in that particular case. It may have been or it may not. Dr. Mays has alluded to the tolerance finally produced to large doses of strychnine. In this lies, I think, the patient's safety. The nerve cells become habituated to it, and refuse to respond up to a certain point. It is the small excess beyond this point that is over the amount tolerated, to which the therapeutic effect is due.

In the treatment of acute pneumonia strychnine is unquestionably one of the best agents that we possess, given in proper doses. I have had occasion to observe at the Philadelphia Hospital, in patients side by side, the comparative effect of small and large doses, and while admitting all the difficulties in the way of drawing conclusions from such comparisons, I am sure that the patients with small doses did at least as well as those who received large doses. I am not afraid to push strychnine up to one-half a grain, if necessary, and when the indication for such dosage exists. In Dr. May's cases I have no doubt that large doses were indicated, but in less skillful hands than Dr. Mays I am sure the routine use of large doses might do harm, not by producing immediate death, but by gradually exhausting the nervous energy of the patient.

In acute cases the best method of administration of strychnine is by means of dosimetric granules. I use the word "dosimetric," not that there is anything magical in the term, but that it indicates the manner in which the granules are prepared. Strychnine arseniate in doses of half a milligramme ($\frac{1}{128}$ grain) can be given and repeated every fifteen minutes or half an hour until the desired physiological or therapeutic effect is produced. The administration can then be stopped, and as the effect is often prolonged, need not be repeated until the next day. In some cases the nurse can be instructed to

administer three or four granules—one granule at a time—at intervals of half an hour, and then none for three or four hours. Sometimes, after a patient has thus been given four granules ($\frac{1}{32}$ grain,) the effect can then be kept up by a single granule twice or three times a day. As I have elsewhere published my views concerning the important place of strychnine in the treatment of affections of the heart, I will not now dilate further upon it.

To repeat what I more particularly desire to contribute to the present discussion, I believe that while strychnine is very useful in all the conditions described by Dr. Mays, the best effect can be obtained by limiting the dose to the smallest quantity that will produce the physiological reaction intended.

Dr. Mays:—I do not know that I have much to say in conclusion. The remarks made by Dr. Flick with reference to the influence of strychnine on nutrition are very apropos. The reason that I did not allude to this was because I have discussed this part of the subject in the paper to which I referred. It is quite evident to my mind that Dr. Flick has had a plentiful experience with the use of large doses of strychnine, because, among other things, he notes the influence of this drug upon nutrition. This action is certainly remarkable. I have so often observed this gain in weight that it is a common thing for me to expect the patient to gain in weight if he gets strychnine in ordinarily large doses, such as I have spoken of. I do not know whether Dr. Flick is correct in saying that it acts upon the involuntary muscles of the body, or whether it acts upon the trophic nerves. However, there is strong evidence for believing that strychnine affects the trophic or nutritive nerves of the body and stimulates them, and in this way improves nutrition. I have seen remarkable gain in weight in experimental cases in which nothing was given but strychnine hypodermatically for a number of days. There was nearly always decided gain in weight in the cases that I have observed. I gave it in large doses.

In regard to the cumulative effect, I do not think that I have any observations in regard to the accumulation of the drug

in the system. While I believe that strychnine acts like drugs that do accumulate in the system, such as atropine, digitalis, and strophanthus, yet there is a marked difference between the action of strychnine and the drugs mentioned. Strychnine does not have the profound effect upon the circulation that the other drugs have. We know that the cumulative effect of digitalis is due to the fact that elimination is checked.

I am sorry that I cannot agree with Dr. Cohen in regard to the benefit of small doses in many diseases, although I believe that some diseases are more easily influenced by strychnine than are others. I believe, however, that pulmonary and cardiac diseases, such as were only referred to in my paper, are less easily influenced by strychnine than are many others. It is especially so in asthma, angina pectoris, and the other pulmonary and cardiac diseases to which I referred, for in them it is perfectly useless to give small doses with the idea of cure. You might as well turn a garden hose on a Chicago fire as to expect to do much good with small doses in these diseases. I have tried small doses without any benefit.

In regard to the destructive action to which Dr. Cohen has referred, I can hardly believe that strychnine in ordinary physiological doses can have a destructive influence upon the nervous system, although I can see how a large and poisonous dose could have such influence upon the nervous system. Indeed, we well know that atropine, digitalis, alcohol, and many other drugs in common with strychnine have such a disintegrating effect in toxic doses; but to say that in stimulant doses they have the same or even a similar effect is very far from the mark. It seems to me to be a confounding of the physiological with the pathological effects of a drug. Although I administer strychnine in large doses, I always remain within the sphere of its stimulant action. In fact I fail to conceive how any drug which improves the nutritive state of the body can at the same time have a destructive influence on any tissue, except in so far as it may enhance the physiological waste of the body, which in turn is compensated by an increase in its physiological repair.

SOME PRACTICAL POST-MORTEM POINTS.*

By HENRY W. CATTELL, A. M., M. D.

[Demonstrator of Morbid Anatomy in the University of Pennsylvania.]

1. Get all the anatomical knowledge you can out of every autopsy you make. It is therefore usually advisable, especially in the case of females, to perform a preliminary laparotomy. Many surgical operations can be practised upon the body without disfigurement, such as Alexander's operation, oöphorectomy, removal of the ear ossicles, and vermiform appendix, stretching of the sciatic nerve, symphyseotomy, etc.

2. Do not forget to dictate the post-mortem notes while the autopsy is in progress.

3. Respect the feelings of the friends in every possible manner, and always return everything in a private house to its proper place. Be sure to leave no blood marks behind.

4. Be sure you have a legal right to make the post-mortem before you begin. The nearest relative, or the one who is going to pay the expenses of the funeral, should give the consent in writing.

5. Do not take away more tissue from a post-mortem than you are able to thoroughly work up.

6. Try to encourage a demand among the laity for the performance of autopsies.

7. In making an autopsy have a regular method for its performance, which is only to be modified by exceptionable circumstances. Finish the examination of each organ in as thorough a manner as possible before the examination of another organ is commenced.

8. Label all your specimens at once with name of person from whom the specimen is removed, character of the specimen and relations in the body, date, and preservative fluid employed.

9. If you are so unfortunate as to cut yourself, wash the wound with running water for four or five minutes, and then dress antiseptically. Do not, out of bravado, go on with the post-mortem, if there be anyone else present who can complete it.

*Read before the Philadelphia County Medical Society, October 25, 1893.

10. If you are not making the autopsy yourself do not be too forward in making suggestions to the one who is making it; but always be ready to do anything that you are asked to do in connection with the autopsy.

11. Let your medical friends enjoy the autopsy and specimens with you.

12. Get all the posts you can; never refuse to make an autopsy for another, when you possibly can.

13. Tact will get you many autopsies; curiosity of relatives and friends can often be worked upon to get permission for an autopsy.

14. As the object of the autopsy is usually to find out the cause of death, either for legal or scientific purposes, the post-mortem should, therefore, be conducted in as thorough and accurate a manner as possible.

15. In legal cases be sure to protect yourself in every possible way. The jars (which should never have been used) containing the specimens, should be sealed in the presence of a witness. In important cases here in Philadelphia, the Coroner has both his physicians present at the autopsy, so that the testimony is stronger; and in case of absence of one of the physicians the other can go on the witness stand and the case not be postponed.

16. If you value your peace of mind do not put yourself forward as an expert witness in medico-legal matters. Knowledge which you already have should be freely given to the court in criminal cases, but the court cannot compel you to obtain expert knowledge without your consent.

17. In Germany the legal evidence of a post-mortem held by gaslight has been judged by the court, except under certain peculiar circumstances, to be void.

18. If two persons are lifting the body the lightest weight is at the feet.

19. Chloroform, when placed on a towel and the head enveloped in the towel, will quickly dispose of pediculi capitis.

20. Many signs of inflammation especially of the mucous membrane, disappear after death. Remember that red flannel often colors the skin red.

21. Make the undertaker your friend.

Do not recommend an undertaker who disapproves of post-mortems.

22. It is a good knife that will keep its edge in more than one post-mortem.

23. Do not jump at conclusions too quickly. Tentative diagnoses alone should be made until the post-mortem is complete.

24. Always weigh the important organs, and have some method by which you can tell the right from the left organ in case of the double ones. One nick in the left-sided organs and two in the right will readily distinguish them.

25. Wash your hands frequently during the performance of an autopsy so as not to allow the blood to dry on the skin.

26. In opening a cystic kidney be careful that the liquid does not injure the eyes or soil the linen, as when the kidney is opened the liquid in the cyst is under pressure and may squirt several feet.

27. A duct can often be easily followed by making a nick in it, and then introducing a piece of broom stick or a groove director in the direction you desire to dissect. This is especially useful in the ureters and the ductus choledochus communis.

28. In writing the account of an autopsy describe what you see; do not use names of diseased conditions. These should be put in under the head of pathological diagnoses.

29. Urine, or aromatic spirits of ammonia will best take off the odor from your hands. This odor is usually gotten from opening the intestines.

30. Ammonia (also the aromatic spirits) will remove iodine stains; a weak solution of the hypobromite solution will remove carbo-fuchsin and other aniline stains from the hands.

31. Any organ which you desire to save should be placed in a safe place so that it will not be returned to the body and sewed up.

32. The dissecting room is a poor place to study pathology, on account of the chloride of zinc forming with albumen an insoluble albuminate of zinc.

33. Nervous tissue for microscopic study should not be placed in zinc chloride or in alcohol.

34. Remember that a post-mortem, with the exception of the brain and cord, can be made with a penknife.

35. Remember that the thoracic and abdominal organs can be removed by the rectum or the vagina.

36. Before removing the calvarium have a basin so placed that it will receive the blood and cerebro-spinal fluid.

37. Drawings, photographs, casts, cultures of micro-organisms, and microscopic slides are valuable additions to a well written account of an autopsy.

38. A lesion in one part of the body will often suggest a careful search for a lesion in another part of the body.

39. Do not mistake the normal for the abnormal.

40. Squeezing the gall-bladder after the duodenum has been laid open, will cause bile to pass out and the papilla, the ending of the common bile-duct, can thus be demonstrated.

41. Remember that frozen sections of fresh tissue can be cut and mounted in a half hour to an hour.

42. Three hours is none too long in which to make a complete autopsy.

43. Be careful that the first rib does not scratch your hands when removing the tissues in that region. Therefore cover over the cut-ends of the clavicle and ribs with the skin flaps.

44. Blood makes a good glue for affixing labels, and the blood of a person dying from hydrocyanic poisoning makes a most excellent red ink which will keep for years without the addition of any preservative fluid.

45. Remember that after the brain has been removed that the fundus of the eyes can be removed by a circular incision posteriorly, without disfigurement. The inside should then be stuffed with dark colored wool or cloth.

46. In private cases you will be frequently judged of your skill as a pathologist by the neatness with which you sew up the body.

47. If you discover suspicious lesions always stop the post-mortem and report the case at once to the Coroner.

48. Remember in warm weather that the intestines are especially liable to undergo rapid decomposition when exposed to the air.

49. Remember that a railway train or

cart may pass over the body and there be no abrasion in the skin more than a brush burn.

50. Remember that the color of organs is frequently changed when exposed to the air by the oxidation of the hemoglobin. Also that the sulphide of iron frequently discolors organs after death, due to the sulphuretted hydrogen during decomposition precipitating the Fe of the hemoglobin.

51. The clavicle can be grasped and moved and the claviculo-sternal articulation thus readily discovered.

55. In removing the cord the following method may be used without disfigurement to the skin of the back part of the neck: Make a circular incision from the middle of the trapezius muscle of the one side, to the middle of the same muscle of the other side, using as the centre of the circle the external occipital protuberance. This will take you in the median line to about the second dorsal vertebra; then dissect away the skin with the muscles attached, and elevate this flap with a tenaculum and draw the shoulders backward. A sufficient amount of space will be given to then remove the cord in the usual manner.

53. If the rectus muscle on each side be cut near its origin, in the direction of Poupart's ligament, the abdominal cavity will be much more thoroughly exposed to view than in the ordinary manner. First however, examine with the finger for hernia.

54. And lastly be honest. Everyone diagnoses lesions during life which are not found at the post-mortem. Even after a most careful post-mortem it is often impossible to tell from what the patient died.

Note.

DR. E. F. HOLLINGSHEAD, of Trenton, N. J., in a letter of recent date writes: "I think it but honest to acknowledge a good thing. In seventeen years of practice I have never gotten so much good and satisfaction out of any one remedy, as I have out of Antikamnia. I congratulate you upon your product."

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, NOVEMBER 4, 1893.

PROFESSIONAL PROTECTION.

WE print to-day, in another column, a letter to the editor on "Professional Protection and a Plea that Physicians would furnish their own Medicines," to which we call the attention of our readers. While the writer has drawn some very strong points in his subject, he also places himself open to considerable criticism. We infer that his experience in his locality has, in many instances, differed widely from our own.

We all admit, in the first place, that the profession is overcrowded with half-educated men; that the standing of medical colleges in most instances is too low; and, that there are too many "machine" made doctors.

On the other hand it is doubtful if Congressional legislation on the subject would benefit us a great deal, at least, at present. It is a notable fact that even in states which already have stringent laws, quackery in some of its worst forms exists, without the power in those same states for suppressing it. This is probably a result of our national freedom which cannot be restricted too severely without interfering with constitutional rights.

Secondly. While we deplore the methods of many reputable physicians who prescribe proprietary compounds and mixtures, and lend their names to the furthering of such articles, yet it would be hard to know just where to draw the line. There are mixtures and compounds, the formulæ of which are placed upon accompanying labels which are vastly better prepared than any physician could compound them in his own office; mixtures which take intricate machinery to extract and thoroughly mix the several ingredients to obtain the best results. Then, too, we have the convenient tablet triturates, alkaloidal granules, and similar forms of remedial agents, in which drugs are so minutely subdivided, and compounded by formulæ to an exact certainty which no physician would dare to attempt. These can hardly be called "proprietary articles," and yet they savor of the same, but without them the efficient remedial medication of to-day would be sadly destitute.

Who would be without his hypodermic tablet of morphia and atropia, or who would substitute for it the old style Magendies' solution which he made in his office and spilled all over his vest-pocket? True, these may, and we are glad to say, are dispensed from the physicians office in the manner our friend suggests, and here it is that we

may gain the advantage over the drug store, but, the latter has not yet outgrown its usefulness, in our opinion, by any means. The drug store may have to depend upon "soda," cigars and Sunday trade to keep it alive. It may sell patent medicines to the detriment of the doctor, but oftener to his advantage—for we get many a case we would not have had, if the patient had let patent medicines alone. There may be occasional prescribing done over its counters, yet the honest druggist—and there are many—will ever keep in mind the welfare of the physician and often helps him out of hard places and corrects his mistakes in prescribing. It is always safer that a prescription should go through at least two hands before it is compounded.

The charge of unprofessionalism in many of our medical journals is not unfounded. Of course, we all know, and the profession and laity generally understand, that the life of a medical journal is its advertisements from a financial point of view. We sincerely hope that no one is foolish enough to believe *all* they read in the advertisements of *every* medical journal, to say nothing of the lay press. Certain advertisers are perfectly reliable and straightforward in their dealings with the profession, and these are an advantage in the standing of any medical journal. For the profession to discriminate between the good and the bad may be difficult and he largely depends upon the standing of his medical journal for the required information, but unprincipled men will creep into every trade or profession and we are sorry to say there may be some among medical editors, who for the love of gain will jeopardize their professional standing, and allow unworthy advertisers space in their journals. All we can say is that such journals are generally easily

found out and often bear the print of the lie on their face. That there are too many medical journals is true, and that a great many of them are run solely in the interests of proprietary advertising is also true. These can hardly be called medical journals, but should rightly be termed "advertising" journals, but there are many wolves in sheep's clothing in the world, and it would indeed be strange if some of them did not creep within the folds of the medical profession. We submit that as a rule the laity are willing subjects of the quack and do not go to him blind-folded.

Annotations.

OUR NOBLE PROFESSION.

Under the above head appears an editorial in the *Medical Times and Hospital Gazette* of September 30th, the truth of which holds as good to-day in America as it does in England. We take pleasure in quoting somewhat from the article :

"Among hospital physicians and surgeons, quackery and humbug are not altogether unknown, but what we most complain of are the bold and shameless methods of advertising adopted by consultants to obtain practice. Many persons labor under the delusion that medical men give their services to hospitals, purely from charitable impulses, but we fear if those only, who desire to promote works of charity, gave their services to hospitals, there would be considerable difficulty in filling up the medical staffs of these institutions. The most effective and most legitimate method of advertising is through a hospital appointment, hence the desperate efforts made by aspiring consultants to become attached to these institutions. Of course, all who aspire to consulting practice cannot obtain posts on the staff of an established hospital, but the difficulty is easily surmounted. If a physician or surgeon has decided to commence practice as a consultant and finds that his services are not required by existing institutions, he has only to get two or three other equally

ill-used individuals to join him in running a "show" of their own. A dilapidated house having a shop-front is secured in a poor and crowded neighborhood, and in a few days, by the liberal use of paint and varnish, the whilom rag and bone mart is converted into a much-needed (?) hospital, the claims of which are widely advertised by the professional cadgers who are always ready to collect subscriptions to help the cause of charity, on condition that they are paid a liberal commission. Our large towns swarm with these bogus' medical charities, the vast majority of which are not only unnecessary but are actually mischievous, as they attract subscriptions from the public which would otherwise be given to deserving institutions. It is surprising that the men who run these "shows" are recognised by the leaders of the profession. If the "nobility" so much talked about had any existence, medical men associated with bogus hospitals and dispensaries would be shunned by all honest practitioners of medicine. But what do we find? That they are received with open arms by those who are regarded as the best men in the profession.

THE SURGICAL TREATMENT OF PULMONARY CAVITIES.

At a recent meeting of the New York State Medical Association Dr. N. P. Dandridge, of Cincinnati, Ohio, presented a full and interesting resume of the present status of the surgical management of pulmonary cavities, especially such as occur from tubercular processes.

He went over all the current views on the subject from foreign and American writers and then gave his own impressions.

At the outset he denied that there was much value in experimental work on the dog's pulmonary organs, as applied to the human lung.

He hedged cautiously at the outset by stating that pulmonary surgery was the most difficult and dangerous kind the operator had to encounter. However, he added that when it was possible to accurately diagnose the site of an abscess, gangrene in a cavity, the question of clearing away septic material, draining

and disinfecting was not difficult to decide upon.

When, of course, the pulmonary and costal pleuræ were solidly glued together and the suppurative formation lay near the surface operative measures were comparatively safe and simple.

When, on the other hand, the suppurative material was deeply lodged there were insurmountable difficulties in the way of reaching the seat of the pathological changes.

In closing, he reported two cases in which he had been able to safely reach and drain pulmonary cavities. In both the constitutional symptoms had been greatly relieved and in one a cure had followed.

Dr. J. Blake White and Dr. Charles A. Leale each reported cases of empyema treated by drainage and palliative measures.

The trend of opinion in these two contributions was that more conservatism should be practised and less aspirating done in pleurisy, unless the extent of cyanosis is great or there were imminent danger symptoms of suffocation, as aspiration had been found in many to be promptly followed by a re-accumulation of fluid or suppurative changes with tubercular degeneration of the liquid in the pleural cavity. T. H. M.

CASTRATION IN ENLARGEMENT OF THE PROSTATE GLAND.

We lately learn through a letter from Mr. Reginald Harrison to the *British Medical Journal*, that castration has been performed in old people of the male sex for the purpose of effecting a cure in chronic hypertrophy of the prostate. Mr. Harrison does not commit himself to this scheme, but does admit that there is an intimate sympathy between the testicle and the prostate, so that when the testicle is removed, or the vas-deferens is divided, there is generally evidence of marked atrophy in the parenchyma of the prostate.

It would be an immense gain if we could secure a radical cure of prostatic disease in old men by simply destroying the continuity of the vas-deferens, thereby annulling all physiological activity of the gland, because even now, with all our vaunted progress in opera-

tive procedures supra-pubic cystotomy for such stenosis of the vesical outlet as arises from prostatic hypertrophy is always a dangerous and never satisfactory measure.

Of prostatectomy, except when the third lobe, so-called, has a distinct pedicle, and renal disease is absent, it should seldom or never be undertaken. Its mortality is enormous, and the results which follow scarcely compensate for the risk.

Therefore, we may say in all sincerity and truth, that as an easy, safe expedient in these painful cases, nothing will replace a properly constructed catheter, in careful hands and under proper precautions.

T. H. M.

NOTICE.

The next number, November 11th will be devoted to a special issue on Electro Therapeutics, and will contain some valuable contributions to the subject.—Ed. T. & R.

Letters to the Editor.

A PLEA FOR PROFESSIONAL PROTECTION, AND THAT PHYSICIANS WOULD FURNISH THEIR OWN MEDICINE.

Believing that the following remarks will be to the interest of the profession, and to the interest of all true medical journals, which depend in the end upon the success of the physician, is my excuse for offering a few comments under the above heading, and I take the liberty of submitting the same to you for publication in the columns of your popular and valuable journal.

To obtain the proper protection for itself and the people, we will have to fight on several lines simultaneously, and overcome the following points that threaten to destroy in a great measure the success of the profession :

1st. By over-crowding in the ranks of the profession. 2d. By the physicians who prescribe Mr. ———'s compound in place of their own combination of drugs. 3d. By the ignorance of the laity. 4th. By the cupidity of the newspapers. 5th.

By the cupidity and unprofessional conduct of the many medical journals that do more to increase the sale of secret and semi-secret remedies than they do to improve the profession. 6th. By the drug stores. 7th. By the want of proper laws for the protection of the laity and the profession.

The first fight, like charity, commences at home ; before the profession can hope to educate the masses in this respect and control the situation, it must first place itself upon a firm footing.

The fatal overcrowding of the ranks of the profession has a tendency to lower the professional standard and at the same time to create injurious competition. I have noticed for a long time the immense number of doctors that are turned out each year by our colleges, as well as by the quack machines that turn out in six months or a little longer, from the raw material, their class of doctors. As long as there are so many applicants, there will be too many medical colleges, and as long as we have so many colleges, many will by their advertising, sharp competition and cut rates, induce young men to join the ranks. To prevent this physicians should have such a keen sense of their duty, and such a high regard for their profession, as to discourage all who speak to them of reading medicine, and explain to them that it would require years of study before entering college and years of study in college ; that after graduation it will be years before they have a paying practice ; that they never will make money as easily as they think doctors do ; that it is a hard road to travel, and that a man is unfit to enter upon the study of medicine unless he is willing to make sacrifices and exercise indomitable energy, until he can enter upon his professional career with a well prepared mind, trained eye and hand, and with a heart filled with pride and love for the good name of his high and honorable profession. The ranks will never be too full of such men.

Next, we have too many medical colleges, conducted, not for the honor and advancement of medicine, but for the cash received by each professor, to add to the income derived from private practice.

I think that Congress should pass a

law regulating the educational fitness of applicants and the number of years constituting a course, not less than six years, which could include the highly necessary post graduate course. The law should compel also a high standard for the medical colleges.

The profession is very much injured by the physicians who prescribe "ready-made" preparations in place of formulating and prescribing their own compounds. The doctor who prescribes Mr. A's syrup, B's pills and C's tonic only acts as an agent, advancing the use of said compounds, and is not prescribing individually. I am not now speaking of ready-made preparations of a secret or avowed quack nature, but of that parasitic class known as *scientific*. Proprietary articles, that give or pretend to give their formulæ, not failing to carefully mention all indications for use and dosage, and even claiming that they are prepared for and sold only on the doctor's prescription. The trick is this: The makers know full well that all that is needed to enable them to get their medicines used in place of the doctor's prescription, is to hoodwink the doctor into prescribing a few bottles; he thus "presses the button" in their interest, and the labels on their bottles "do the rest" to spread the use of the preparation, not only cheating the doctor out of future fees, but also causing the people to use medicine often not indicated and therefore injurious. Above all things, the use of these preparations gives countenance to the use of the genuine quack article. If I prescribe a proprietary article, "Dr. Blank's Diuretic Compound," for a patient, what reason can I advance to the patient that the ready-made and labeled "Warner's Safe Kidney Cure" is not just as good, and the patient thinks just as much of the doctor that prescribes one as the other. This conduct on the part of the profession breaks down all distinction in the public mind and renders argument useless.

It is the doctor's duty to teach the people that medicine is dangerous to use without a doctor's direction, and that the physician should examine each case carefully and prepare the special medicine indicated for that case.

Now, a word regarding the drug stores.

When medicines were compounded and prescribed in their crude state, the drug stores were a necessity; now that the preparation of medicines has become so perfect the drug stores are not needed and should be regarded as relics of the dark days in medicine along with the lancet, great powders of Peruvian bark and luke-warm water, for the sick, etc. In those days the drug stores were a help to the doctor; now they are an injury with their becoming depots for the sale of all kinds of patent medicines and advertising centres for the same; counter prescribing, refilling the doctor's prescriptions; and last, but not least, their high prices, taking the largest slice of the patient's money, so the latter leaves the doctor's bill unpaid.

I have tried both plans, that of giving prescriptions, and that of furnishing my own medicine, and would say, from my experience, if the physician wants to lessen his practice, deprive his patients and himself of money, place himself in the power of his patients and the druggists, let him give prescriptions.

The physician should devote his time to the cure of the sick, and should give his knowledge freely to the profession, but he should not spend years of study in perfecting a prescription and then give it away to the patient and druggist.

A lawyer conducts his client's case, but he does not teach his client how to practice law; neither does he write out special formulæ, directions, and points to deliver to his client for future use for himself and friends, but, on the contrary, he has the client to consult and fee him for each individual case. Why should not doctors act in the same manner. Our knowledge is our stock-in-trade. When a doctor makes out certain lines of treatment for a family after perhaps years of study and gives it to them in the form of a prescription then they are independent of him in a great measure and can snap their fingers in his face. People will have a little mystery, why should not the doctor use this for his benefit and the patient's protection. The people are taught the use of harmful drugs, such as opium, chloral, etc., by the use of prescriptions. They should never know what they are taking; this is the physician's business. The doctor who fur-

nishes his own medicine is brought into more intimate relations with his patient and the disease, and there is no "middle man" (the druggist). A physician makes a better doctor when he furnishes his own medicine, he knows more about the medicine, more about the disease, and remembers the treatment better.

I write a prescription in a book kept for the purpose, with patient's name and disease, with number like drug stores use, and it is valuable as a reference book. I would have been many dollars poorer had I given prescriptions in place of furnishing my own medicine. The patient will pay the bill better, when he can settle the whole thing with the doctor, in place of having two men to settle with. The doctor can change or add to his treatment without comment, when he furnishes his own medicine.

When a doctor gives the medicine and directs a patient, if an office consultation, to come for more medicine, it gives the doctor a better hold on the patient, and he feels as if more was being done for him than if a prescription was hastily written and the patient sent out of the doctor's hands into the hands of the druggist. Allow me to mention one or two cases and show how much more money there is in furnishing our own medicine. I have a favorite prescription for rheumatism; I put up a bottle for a patient, made it cheaper to him than the druggist would have, at the same time I got \$1.25 for the bottle, when it cost me, say forty or fifty cents. Patient was cured and sent me other patients, whereas, if he had received the prescription he would have given it or sent them to the drug store for the same medicine. I have treated a great many patients with *this one* prescription, and the knowledge of the ingredients *is mine* alone for future use, and does not give the benefit of my time and study to the druggist and community at large. Case second; patient sick with fever. In this case I furnished a great portion of the medicine, and foolishly sent a few prescriptions to the drug store. When I settled my bill was for treatment \$20; medicine, \$2.50. The patient made a great howl, and claimed that I should reduce my bill, because he had to pay the druggist \$7 for the *little* medicine he got there. Now, in fact, \$1.50 would

have paid the druggist well. As it was the patient and doctor, in this case it was the doctor, who lost the \$5.50. Another case, I was called to see a lady suffering from a chronic case that required little treatment and a long course of treatment. My bill in this case was one visit, \$3; medicines for a certain length of time of one prescription (made and kept by myself), \$19; total, \$22. Patient was well pleased, and in place of getting \$3 I received \$22 and saved the patient about \$10 or \$15 on medicines that would have gone extra to the drug store. In this case I directed the husband to send the bottle with its label and number to my office, keeping a little in another bottle to use, till I could conveniently fill the regular bottle.

When a patient goes repeatedly to a drug store and has his prescription refilled he often takes medicine longer than necessary, or at least the symptoms will have changed, requiring a change in the medicine.

To me it is a plain case that it is best for the doctor to do away with the prescription blank and drug stores. I know there are many gentlemanly druggists, and according to their views, honest ones, and I do not wish them any harm. Though they conduct their stores on *business* and not professional rules. They should be the physician's assistant, as it is, they run the matter to suit themselves. In the eye of the public the druggist (who is often called doctor) is a learned agent for selling medicines put up on physicians' prescriptions, and agents for the sale of the many patent medicines on hand. Now the public presumes that the "doctor" druggist knows all about the patent and semi-patent preparations, and, of course, that he knows what is in the physician's prescriptions because the physician sends the prescription to the druggist. Now, does not this give the druggist the advantage over the doctor, and enable him to either duplicate the prescription or sell a ready-made preparation that is better and cheaper, as he claims.

The newspapers do all they can to cast reproach upon the profession and to work to the advantage of the men who pay them for advertising their patent nostrums. The newspapers should be made

responsible for this, and should pay damages when their advertisements are proven to be frauds.

The doctors should have a medico-political phase to their profession and elect such men to office and uphold such papers and medical journals as do them justice. This could be done by having the many doctors in this country to join in an organization—of a medico-political character—then they could control the situation as far as they are concerned.

"The fault dear Brutus is not in our stars, but in ourselves that we are underlings."

TRANSYLVANIA, M. D.

THE TREATMENT OF THE MORPHINE DISEASE.

The editorial by Dr. Hurd, in your journal, 9th September, regarding the Mattison method in morphinism is unfair, unjust and untrue; and I *protest* against the presumption of one so crassly ignorant of the modern and humane treatment of the morphine disease as he is—*confessedly* so—"rushing into print," to pose as a critic and teacher on a subject of which—admittedly—he knows so little.

I say "confessedly" ignorant, and as *proof* thereof quote this statement from a letter written, not long since, by him to me. "I have to confess myself only a learner and a novice, and cannot say that I have yet left the stage of tentative experimentation for that of positive and scientific certainty."

After such a confession, I certainly think it would be more becoming for Dr. Hurd to keep silent till the wisdom of a broader experience gives his counsel greater weight.

The editorial is *unfair*, because it refers to only a *single* feature of the Mattison method, and that a *preliminary* one—preliminary sedation. The unfairness of noting *part* of a plan, and then criticising it as a *whole*, is too apparent for further comment.

The editorial is *unjust*, because it fails to make any note whatever of two important and essential features in the Mattison method—the use of codeine and trional; two drugs of peerless value in the treatment of this disease.

In a paper, "The Modern and Humane

Treatment of the Morphine Disease," read before the Pan-American Medical Congress, I asserted that this therapeutical trio—bromide of sodium, codeine and trional—with certain minor aids, made a combination of unrivaled efficacy in many cases; and I *reiterate* that assertion.

Is it not *unjust* to ignore salient features of a method, and then condemn it?

The editorial is *untrue*, because it assumes—"should expect"—results, which as a fact, do *not* ensue, if good judgment be used, and makes certain statements that experience proves not true.

On this point more, later, for I bespeak the courtesy of your columns to place on record, *fully* and *truly*, details of the greatest advance in therapeutics along the line of this disease.

Let me tell Dr. Hurd, and all other like skeptics, that the time of "tentative experimentation" in the treatment of the morphine disease has *gone*, and the day of "positive and scientific certainty" has *come*, and reassert—based on large experience and profound conviction of its truth—that the Mattison method in morphinism, if properly used in proper cases, is far superior to any plan yet presented to secure two leading objects—minimum duration of treatment and maximum freedom from pain. MATTISON.

Medical Director, Brooklyn Home for Habitues.

Note.

It is reported that infant marriage in India is to receive a check. The Maharajah of Mysore has issued a decree that in future no girl may marry at an age of less than eight years, and no boy at less than fourteen. Infringement of this rule will be visited with severe punishment, not of the happy couple, but of the negotiator of the match. Further, no male over eighteen may marry a girl under eight, nor may a man over fifty marry a girl under fourteen. Punishment for these offences is most severe, as indeed, it should be. It is a disgrace to humanity that the animal instincts should, to this extent, be encouraged and stimulated.

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TIMES AND REGISTER,

1725 ARCH STREET, Philadelphia, Pa.

ROUTH'S SOLUTION.

WILL you please publish Routh's Formula for the use of *Chloro-phosphide of Arsenic*. I read of its being invaluable to prevent brain wasting, but I have never met the formula, and I have no literature upon the remedy. Would some of your many readers give the best treatment for urticaria, or what is commonly called hives. Lotions I have found of no avail, and I have resorted to laxatives, diuretics and aids to digestion, but the disease returns. It may look like quackery to expect a specific, and that general principles must govern. Yet it is a very annoying trouble, and if any remedy is better than another would like to know it.

R. MACNEILL, M. D.

[We have been unable to find the formula of Routh's solution. Can any of our readers supply it? The phosphide and the chloride of arsenic are accessible, and can be supplied by the Philadelphia Granule Company.

Hot mustard baths relieve urticaria. It is often caused by special irritants, foods, underclothing, or by profuse sweating, and the best treatment is prophylactic. In my little manual I have enumerated as remedies, salicylic acid, copaiba, emetine, colchicine, amygdale amara oil, strychnine, atropine, ergotine, jalapine, cornutine, chrysophanic acid, and pilocarpine. A full dose of the last-named, will generally give prompt relief.

—W. F. W.]

ELECTRO THERAPEUTICS.

PLEASE inform me at your earliest convenience, whose is the best work on Electro-Therapeutics.

I want something suited to the general practitioner, to the point, and concise in its teachings. As I see through the TIMES AND REGISTER, that you are an elec-

trician, I write you believing you will give me the best information.

[Electro-therapeutics, by W. F. Hutchinson, Providence, R. I.; Electricity in Gynecology, by G. Betton Massey, Philadelphia; Electro-Therapeutics of Gynecology, A. H. Goelet, N. Y.; Electricity in Medicine, W. Adams, Detroit; Electricity in Medicine and Surgery, St. Clair, N. Y.; are all concise, and well suited to a practitioner's needs." —W. F. W.]

CAN PENNSYLVANIA PHYSICIANS GO INTO THE DRUG BUSINESS?

AS a graduate of the Medico-Chirurgical College, how far am I allowed to go ahead in the drug business? Would I dare start a drug store, and put up prescriptions?

There seems to be a difference of opinion, so far as I have been able to find out. So I would like to know how far I would be safe?

A. H. EVANS.

[Physicians who have practised three years continuously are registered without examination. All others must pass the Pharmacy Board.]

KING OF DYSPEPSIA CURES.

I have obtained the enclosed sample of a wonderful "dyspepsia remedy," and would like to learn the composition. Would the Bureau of Information have it analyzed or examined, and publish the results in the TIMES AND REGISTER?

R. MACNEILL, M. D.

Stanley Bridge, P. E. I.

[Dr. Walling has examined the sample forwarded, and states that it is composed principally of sodium bicarbonate, mustard, and a very small and unimportant trace of an aromatic bitters, probably added to disguise it. Therapeutically, it exerts the power of soda, and if people choose to pay a dollar for a half cents' worth of this valuable drug, they have the privilege.

If anyone wants to see for himself how much soda there is in it, all he has to do is to drop it in a little vinegar, after mixing the powder with water, and see it effervesce.

W. F. W.]

OBITUARY.

Mr. Charles Clay L. R. C. S. Edin. L. R. C. P. London, who was called the "Father of Ovariectomy" died September 19th in England aged 91 years.

The Medical Digest.

THERAPEUTICS.

Sumbul in Cholera.—The Russian Medical Department has sent a small commission of physicians to Asia Minor to investigate the use of sumbul root in the treatment of cholera. The sumbul or jambul root is said to enjoy considerable repute in this connection among the natives of Asia Minor and Central Asia.

Euophen.—Kopp (*Therap. Monats.*, March, 1893), records his experience with euophen in venereal disease. For the sake of economy he mixed it with boric acid, but using euophen alone caused no bad symptoms. In nineteen typical cases he scraped the chancre after applying ether as a local anesthetic, hemorrhage being arrested by pressure and swabbing with corrosive sublimate compresses. The mixed powder was then applied to the dried surface and allowed to cake, the scab not being removed, but fresh powder added twice daily. Healing under the powder took place in all cases in from two to ten days. In one case an inguinal abscess formed, which required opening, but it healed in less than three weeks. In the remaining fourteen cases the chancre was simply cleaned with a 1 to 1000 solution of the per-chloride and then covered with the powder, the washing and dusting taking place two or three times daily, and healing averaging seventeen days. Two sloughing buboes were treated on the same lines, the bases being scraped away with a sharp spoon and the overhanging skin removed. The author's experience is that euophen is a valuable substitute for iodoform in venereal and other affections.

MEDICINE.

A Peculiar Treatment of Hay Fever.

—A German physician (*La Semaine Medicale*, No. 51, 1893), who suffered from hay fever each summer to such an extent that he was greatly hindered in the exercise of his profession, succeeded in reducing the severity of the attacks in a very peculiar manner. Noticing that during the attack the nasal mucous mem-

brane was congested, and, on the contrary, the external ear, was excessively pale, he was seized with the idea of rubbing his ears until they were intensely red. This little maneuver was tried whenever the attack threatened or was in full force, and exerted a notable influence upon the severity of the symptoms. He has also tried this treatment in those of his patients suffering from this disease, and, as he claims, with success.

Laennec's Method of Treatment in Acute Pleurisy.—R. L. Hinton, of Prescott, Ark., quotes from Alphonse Guérin as follows: "If acute pleurisy were treated by blood-letting, blistering, etc., according to the method of Laennec and his followers, there would scarcely be any occasion for the practice of thoracocentesis." He indorses this practice after an experience of thirty-six years, with an average percentage of pneumonias and pleurisies, without having a single case requiring thoracocentesis, while he has witnessed many such cases in the hands of other physicians who refused to adopt this heroic treatment.

He is not, however, in favor of a reckless and indiscriminate use of these remedies, and carefully selects his cases. He states that he has never bled a case that did not recover, and they have usually been cases that were considered hopeless by consulting physicians. This practice was adopted generally in this country many years ago, and ought, no doubt, to be revived at the present time.—*Therapeutic Gazette*, November, 1892.

SURGERY.

Tumors of the Bladder.—Mr. Wallace considers hemorrhage the first and most important symptom in the diagnosis of tumors of the bladder.

The characteristics of the hemorrhage are :

1. Its sudden onset and sudden disappearance without any previous warning or cause.

2. Its intermittence, sometimes of months, sometimes of weeks.

3. The appearance of the blood, namely, red blood-clots of irregular shape, the blood being passed at the end of micturition.

4. The total want of benefit from the ordinary hemostatics.

As regards methods of diagnosis, the sound is rejected, except in so far as it determines the presence of stone.

Cystoscopy and cystotomy are the only two reliable methods, and the latter is to be used only where cystoscopy is impossible. An earnest plea is made for the more general use of the cystoscope, for by it can be obtained an exact knowledge of the site, attachment and size of the tumor.

—*Edinburg Med. Journal.*

A Milk Dressing For Burns.—The *Chemist and Druggist* states that one of its French contemporaries, the name of which is not given, favors the use of milk as a dressing for burns, to be applied by means of compresses. The dressing is to be renewed night and morning. Under this treatment the reduction of the size of large burns has been marked and speedy. In one instance an extensive burn on the leg, treated in this manner for three or four days, was reduced from five inches to an inch in width. In another instance a severe burn that had been rebellious under a treatment with olive oil and and zinc oxide healed rapidly under the application of milk compresses. This suggestion may serve as a valuable one for country practitioners when their accustomed remedies for burns are not at command.—*N. Y. Med. Journal.*

Strangulated Hernia Containing a Fallopian Tube.—Lejars reports a case of strangulated inguinal hernia, in which the sac when opened contained no omentum or intestine, but a small quantity of reddish, fatty fluid and the fimbriated extremity of the Fallopian tube. Pus escaped from its ostium and the entire tube was sloughing. It was not until the internal ring was divided that the tube could be drawn forward and its proximal strangulated portion brought to light. Healthy tissue was secured by catgut and the mucosa touched with the cautery, in order to destroy septic germs. The stump was permitted to slip back into the abdominal cavity. The bladder was wounded in dissecting away the sac, and was followed by urinary fistula

which continued for some time. Lejars has collected eleven cases of hernia of the Fallopian tube alone. Tubo-ovarian herniæ are almost always inguinal, while the tubal are generally femoral. The youngest case was aged 36 and the oldest 70, which contradicts the theory formerly held, that such conditions were congenital.

—*Revue de Chirurgie*, January, 1893.

CHILDREN'S DISEASES.

Singultus a sign of Hereditary Syphilis in the New-Born.—Dr. A. Carini (*Med. Neuigkeiten*, No. 26, 1893) describes a new and as yet unmentioned symptom of hereditary syphilis in the new-born—singultus. It appears before the coryza, often immediately after birth, or in a few hours, and lasts from ten to twenty days. This singultus of syphilitic children is due to a neuropathic diathesis, dependent upon the syphilitic specific virus in the blood.

The Feeding of Infants.—Hauser (*Berl. klin. Woch.*, August 14th. 1893), describes a new method. He first refers to the well-known objections to a wet nurse, and the difficulties in artificial feeding. The author has used, in Henoch's clinic and elsewhere, a preparation introduced by Rieth, in which, after the smaller quantities of fat and sugar in cow's milk have been corrected by the addition of cream and milk sugar, egg albumen, heated above 130° C., is made to supply the deficiency in albumen.

The preparation has the same composition as woman's milk, and is called albumen milk ("Eiweissmilch"), but would be more correctly named albumose milk. The difference between this and ordinary milk, when subjected to artificial digestion, is obvious. If feeding with cow's milk properly prepared and sterilized does not suit, the author uses this preparation. Medicinal agents are not employed, and washing out the stomach is rarely necessary. There are two classes of cases (1) those in which cow's milk properly prepared seems to suit and yet the infants do not thrive, and, (2) those with dyspepsia, etc. Some sixty infants were treated with this pre-

paration, and the author has now used it for one year and a half. The infants take it well, vomiting ceases even in those in whom other preparations have failed, and the weight increases. It is given in small quantities, and cold in bad cases. The stools become healthy and regular, but they may be offensive owing to the sulphur in the albumoses. Failure is rare. This preparation is also useful in acute illnesses, in rickets, and some other diseases of children. Infants with whom mother's milk does not agree take it well. Older infants also thrive on it. Cow's milk may be added to it until pure milk feeding is arrived at.—*British Med. Journal*.

Personal Disinfection in Scarlet Fever.

—During an epidemic of scarlet fever in 1884, in Indianapolis, Ind., of average fatality, I was called to see a case of this fever in a family in which were four children who had not previously had the fever. The child attacked, when first seen, had a temperature of 104° F., pulse 120, sore throat, and well marked scarlatinal eruption.* The four children had been sleeping and playing together until my visit, and the surroundings were very favorable for the dissemination of the fever to many other families, as the building was used as a public restaurant, and there were many servants lodging with other families.

To prevent the extension of the fever I separated the children, with other usual precautions as to dress and ventilation, and had all the rooms constantly disinfected with aqua chlorinii (U. S. P.), to each xiv. ounces of which were added ii. ounces of dilute sulphurous acid. Sheets kept moist with this solution were hung up over the doorways. The patient was given twenty drops of the dilute sulphurous acid every three hours and was thoroughly sponged every three hours the above disinfectant solution. Within an hour from the first sponging the temperature fell to 101° F., and under repetitions every three hours of these spongings and doses the temperature never rose above 101½° F., the patient was immediately relieved, grew calm and bright, sat up in bed and played with her toys, and was well on the fifth day, without subsequent symptoms. The

other children escaped the fever, and no other cases were traceable to this focus.

Having had equally good results in many similar cases since, under this regimen treatment, also when using the aqua chlori of U. S. P., 1 part water to 8 parts for sponging the skin, I am convinced that the disinfection of the skin is to be credited with the beneficial effects in the individual cases; and the destruction of the scarlatinal poison in its most prolific source, due allowance being made for the good effect of sponging, and the varying degree of contagiousness, and susceptibility of different children at different times.—Dr. Waterman in *Indiana Med. Journal*.

THE CAUSE OF THE DEATH OF ONE TWIN IN DOUBLE PREGNANCIES.

Eustace, in an article on the causes leading to the death of one twin in double pregnancies (*Nouvelles Archives d'Obstétrique et de Gynécologie*, 1893, No. 4), writes that it is a matter of common remark that the individual children in twin pregnancies are smaller than in single births, and one twin is often far more developed than the other. Indeed, one may have so much stronger vital or attractive force than the other as to finally starve its companion, the stronger living at the expense of the weaker. If one twin die shortly before birth, its body is simply macerated; if early in the pregnancy, it undergoes various modifications. A case is recorded in which, at birth, attached to the placenta of the living child was found a sac containing a second placenta, cord, and perfect three months' fetus. It was quite dry, and flattened out by the pressure of the living child and uterine walls. Again, a twin may undergo arrest of development and conversion into a monstrosity, while its companion remains normal. The death of one in no way injures the other twin, and often seems to increase its growth by the increased supply of nutrition.

—*Am. Jour. Med. Sciences*.

NEW PREPARATIONS.

Oleo-crreosote.—This is a new, non-toxic, anti-phthisic remedy, from the combining of creosote with oleic acid

and thus an oleic ether of creosote is formed, containing about 33 per cent. of creosote, having a characteristic flavor of the latter, but with no caustic action on the tongue. It is insoluble in water, slightly soluble in alcohol, but dissolves in ether; chloroform and in fatty oils. It is eliminated by the kidneys, and can be tolerated in larger doses than ordinary creosote dissolved in oil.

THE ACTION OF INJECTIONS OF ORGANIC LIQUIDS.

Baudin has examined nearly 200 patients, representing in the aggregate 4,500 injections of the testicular or "nervous" fluid.

In half the cases there was no effect; and only temporary effects in the remainder. The treatment was efficacious in the senile cachexia, exhaustion, melancholy hypochondriasis, seminal losses and phthisis. It produced no effect in neurasthenia, (or at least no constant effect) hemiplegia, paraplegia, muscular rheumatism, epilepsy etc. When lasting action occurs it cannot be referred to auto-suggestion for the substitution of glycerine and water for the organic liquid puts an end to the effects, and these vary also with the mode of preparation of the organic liquids themselves.

—*La France Medicale.*

N. F. GRAHAM, M. D., Washington, D. C., says: "I used Papine in a case of dysmenorrhea, for the relief of which I had previously used all the preparations of opium, and can say that it relieved the pain as promptly as morphine, without leaving any bad after-effects, as was the case when I had previously prescribed other forms of opium."

ERGOTININE is recommended by Franck as more prompt, sure and constant than ergotine. The dose is $\frac{1}{250}$ to $\frac{1}{120}$ gr. It has been used hypodermically in a variety of hemorrhagic and other conditions.—*Kansas City Med. Record.*

Book Notes.

Books and Pamphlets Received :

TRANSACTIONS OF THE AMERICAN INTERNATIONAL MEDICO-LEGAL CONGRESS. Chicago, August, 1893.

ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1892.

MANUAL OF THE U. S. HAY FEVER ASSOCIATION FOR 1893, containing the Prize Essay of Dr. Seth S. Bishops, of Chicago, Ill. on a New Theory and Treatment of Hay Fever.

RESULTS OF NINETY CASES OF PULMONARY TUBERCULOSIS TREATED AT THE WINYAH SANITARIUM. ASHEVILLE, N. C. By Karl Von Ruch, M. D. Reprint from *Medical News*.

ETUDE SUR LES ABCES CHRONIQUES ENKYSTES DE L' AMYGDALÉ. Par le Dr. Eug. Peyrissac de Cahors.

HYSTERECTOMY BY A NEW METHOD. By E. H. Pratt, M. D., LL. D. Chicago, Ill. Reprint from *Journal of Official Surgery*.

A CONTRIBUTION TO THE HISTORY OF THE DISCOVERY OF MODERN SURGICAL ANESTHESIA. By L. B. Grandy, M. D., Atlanta, Ga. Reprint from the *Virginia Medical Monthly*.

FOUR SUCCESSFUL NEPHRECTOMIES, WITH REMARKS. By Maurice H. Richardson, M. D., Boston, Mass. Reprint from *The Boston Medical and Surgical Journal*.

A CONTRIBUTION TO THE SURGERY OF THE GALL BLADDER. By M. H. Richardson, M. D., Boston, Mass. Reprint from *The Annals of Surgery*.

News.

Spanish Salsify.—A vegetable which promises to be of considerable value in this country, if once generally introduced, is the so-called Spanish salsify, a native of southern Europe. It makes a root much like salsify, except that it is much lighter colored and considerably longer. Its flavor is less pronounced than that of the salsify, but when carefully cooked it possesses a very agreeable quality which is somewhat intermediate between that of the salsify and parsnip. It is adapted to all the methods of cooking employed for those vegetables. The seeds are much easier to handle and sow than those of the salsify. It is sown and cultivated in exactly the same manner as that vegetable, and can be dug either in the fall or spring. Perhaps the greatest disadvantage of the plant is the very prickly

leaves, which may make it unpleasant to handle. But on the whole, it is worth introduction into American gardens. Seeds are offered by some American seedsmen.

Spanish salsify is closely allied to the cardoon and artichoke, and its young leaves are sometimes bleached and eaten like cardoons. The plant is spiny and has the appearance of a yellow-flowered thistle. In France only the root is eaten, and this resembles that of the salsify; in Spain the midribs and petioles of the leaves are eaten, and these are sold in great quantities upon the streets of cities during many months of the year. As with other plants, this is capable of amelioration by cultivation, and it is to be regretted that it is neglected in France and that people are content to gather it in the wild state.

CHANGES in the Medical Corps of the United States Navy for the week ending October 14, 1893: Medical Inspector George H. Cooke, from navy yard, League Island, Pa., and to special duty in Philadelphia, Pa. Surgeon E. L. Derr, ordered to navy yard, League Island, Pa. Surgeon B. S. Mackie, detached from duty in Philadelphia, Pa., and await orders.

PROGRAMME OF THE NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS.

The third annual meeting to be held in the Academy of Medicine, 17 West Forty-third street, New York city, Wednesday, November 15th, 1893.

Morning session, 9.30 a. m.—Roll call and reception of guests. Papers: 1. President's address. 2. A dissertation on the transportation of persons ill with contagious or infectious disease, by Dr. G. P. Conn, Concord, N. H. Discussion by Dr. R. R. Harvey Reed, of Mansfield, Ohio, and Dr. J. G. Truax, of New York. 3. The duties of chief and local surgeons, by Dr. G. J. Northrop, of Marquette, Mich. Discussion opened by Dr. C. M. Daniels, of Buffalo. 4. The railway hospital. Its necessity and benefits, by Dr. Frank H. Caldwell, of Sanford, Florida. Discussion opened by Dr. R. Harvey Reed.

Afternoon session.—Business meeting, 2 p. m. Scientific work, 3. p. m. 5. Unjust verdicts in civil damage suits, by Dr. J. S. Wight, of Brooklyn. Discussion by Clark Bell, Esq., and Dr. Stephen Smith, of New York. 6. The influence of the attending physicians in litigation cases, by Dr. M. D. Field, of New York. Discussion by a prominent attorney, and Dr. P. W. Barber, of New York. 7. The evolution of the railway surgeon, by Dr. R. S. Harden, of Waverly.

Evening session, 7.30 p. m.—Report of unique cases by members. 8. A Peculiar result of an injury, by Dr. C. M. Daniels, of Buffalo. 9. Traumatic ankyloses, by Dr. T. H. Manley, of New York. 10. Ophthalmology in railway surgery, by Dr. J. E. Weeks, of New York.

(The medical profession is cordially invited to attend the sessions)

Prescriptions

Formulary—*Le Progres Medical.*

IN IMPETIGO.

R	Boric acid	45 grs.
	Vaseline	1 oz.
R	Boric acid	$\frac{1}{2}$ dr.
	Oxide zinc	$\frac{1}{2}$ dr.
	Salicylic acid	8 grs.
	Vaseline	1 oz.

—*Thibierge.*

R	Plaster of Vigo, Vaseline, each $\frac{1}{2}$ oz.
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—*Besnier.*

R	Vaseline	3 drs.
	Lard	3 drs.
	Oxide zinc	75 grs.
	Salicylic acid	8 grs.
	Sugar lead	4 grs.

—*Dubreuilh.*

R	Yellow precipitate	8 grs.
	Oil crude	15 drops.
	Cerate	6 drs.

FOR OBSTINATE VOMITING AND PAIN.

R	Menthol	15 grs.
	Alcohol	6 drs.
	Syrup	1 oz.

A teaspoonful every hour.

—*Mattheiu.*

R	Saturated chloroform water5 oz.
	Dill water3 oz.
	Syrup	1 $\frac{1}{2}$ oz.

Notes.

CHEMICAL HISTORY OF THE ATMOSPHERE.

In the *Chemical News* of August 18th, Dr. Phipson gives the chemical history of the atmosphere from its origin to the present day, in accordance with the results of his observations and experiments, particulars of which we have published from time to time. Premising that the matter composing the earth was originally in a gaseous condition at such a temperature that no compounds could exist, he assumes that, when a solid crust later covered an internal molten mass, water was condensed upon the surface and a primitive atmosphere of nitrogen surrounded the globe. Into this atmosphere large quantities of carbonic acid and water were evolved by volcanic action, but there was no free oxygen. Plants then made their appearance, and, in vegetating, evolved oxygen copiously, deriving this element from the carbonic acid supplied by volcanic action. When a certain proportion of oxygen was attained animal life became possible, and duly appeared. At the same time, the proportion of carbonic acid became less, the carbon being stored up as coal, peat, lignite, etc. As these processes proceeded, animal life of a higher order appeared, the development of the nervous system coinciding with the increase of oxygen in the air. As evidence that the composition of the atmosphere is still slowly changing, it is stated that the latest and most careful determinations of carbonic acid in the air have shown a decided decrease (0.05 to 0.03) in the last fifty years.

REMEDY FOR CRIME.—If a man is quite unfit to live, life should be withdrawn from him. Society deals with criminals in self defense; if they can be made useful citizens the best of all results is obtained; if they will not work but prefer to starve, that is their lookout; if they endanger the lives of the members of society, their death is the last resource. To keep men in a separate cell at public expense is futile and a waste of public money. The present method is a failure; we should not re-

main contented with a bland smile and watch criminals being manufactured by society in the very establishments which are designed to eradicate them.—*Dr. Gordon Rylands London Abnormal Man. N. S. 1893.*

THE LADY WITH THE HORSE-MANE.

Under this name a young girl aged 20 is now traveling about the world showing to the public how richly nature has endowed her with the ornament of hair. She has, besides a rich *chevelure*, a mane growing out of the spine. The hair of this mane is of the same dark brown color as that of the head, and reaches a length of about ten inches. The place where the hair grows extends downward for eight inches, from a point three inches below the hair of the head, in the middle of the spine. Not long ago this lady with the mane was presented to the Anthropological Society of Berlin, and Virchow, to her great astonishment, found that it was a pathological case, for behind the mane there was a *spina bifida occulta*. Several cases have been described during the last two years of hypertrichosis of some region of the spine connected with *spina bifida occulta*.

—*British Med. Journal.*

A MEDICAL LEANDER.

According to the newspapers, Dr. Judson Daland, of Philadelphia, recently swam the Strait of Messina, known to the ancients as the whirlpool between Scylla and Charybdis. This feat is said not to have been accomplished before within the memory of the oldest inhabitant of Faro, a neighboring fishing village. Dr. Daland is reported to have said: "The entire swim was made without rest or stimulants, and I restricted myself to the breast and side stroke, not using the back at all. I encountered during the swim strong currents, running apparently in all directions, the direction changing every few moments. These currents were at times warm and at others icy cold. There was a high wind and a choppy sea, making it extremely difficult to breathe. I returned to Messina in good condition and that same evening went to the opera."

—*N. Y. Med. Journal.*

A New Member on Our Staff.—We have been rarely fortunate in obtaining the services of the eminent oculist of Boston, Dr. J. A. Tenney, who has consented to become a member of the editorial staff of the TIMES AND REGISTER. Dr. Tenney's experience has been very large, having spent several years among foreign and American hospitals, in the treatment of diseases of the eye. He is at present Professor of Ophthalmology in the Medical Department of Tuft's College, Boston.

HOW THE CHINESE DO IT.—The Chinese doctor's lot is not wholly a happy one. Four members of the Imperial College of Physicians at Peking failed recently to make a proper diagnosis of the Emperor's indisposition, and were punished by being fined a year's salary.

WHAT WOMAN CAN DO.—A Kentucky woman who concluded her medical studies this spring brought home in one arm her diploma and in the other her week-old babe. Another woman, in Kansas, not long ago celebrated her election as town mayor by giving birth to a child on the same day. Which either proves the superiority of woman over man by way of versatility and endurance, or it may be accepted as a protest by nature against modern attempts to set insuperable barriers.

—*N. Y. Medical Record.*

RECOVERY OF DAMAGES FOR MENTAL SUFFERING.—The supreme court of North Dakota has ruled that mental suffering is as properly considered in estimating damages as is physical pain. The impairment of mental powers, naturally a proper element when proved, is only to be considered by the jury when claimed in the suit and evidence.

—*Boston Med. and Surg. Journal.*

Miscellany.

The following prescriptions was received by an Indianapolis druggist:

The oil of Sasifras, 5c.
The oil of Pepement, 5c.
The oil of Hartshorn, 5c.
dime of Lodum,
2½ cets Amonia.
2½ cets terpine.
2½ cets Campher Gum.
Pain Killer, 25c.

The best way to avoid crusty people in the family," says Mrs. Ewing, "is to feed them crusty bread, for the reason that crusty bread is more digestible than that which is underdone and soft."

A CHEMICAL PRACTICAL JOKE.

On the occasion of the celebration of the birthday of the Emperor Francis Joseph last month, a practical joker substituted a solution of silver nitrate for the holy water in the fountains of Trieste Cathedral, with the result that may be imagined upon the faces and fingers of the worshippers.—*Medical Press.*

ANOTHER TELLING EPITAPH.

William B. Savage, M. D., of East Islip, L. I., writes: The perusal of a seasonable epitaph in your issue of September 2, calls to mind one that I came across in the old churchyard at Cheltenham, England. It seems that an old physician, accompanied by his three daughters, went to Cheltenham to test the efficacy of the waters for which it was famed at that time. While sojourning there his three daughters died. The old gentleman, feeling that he was not long for this world, drew up his will, in which he left instructions that the following epitaph should be inscribed upon his tombstone:

"Here lies I, and my three daughters,
All through drinking these ere Cheltenham waters.
Had we stuck to Epsom Salts,
We shouldn't have been lying in these ere Vaults."
—*N. Y. Medical Record.*

THOMPSON'S MALTED BEEF.

A perfect Liquid Food and Nutritive Tonic, made by a combination of a Superior Malt Extract with a Pure Peptonized Extract of Beef. Unsurpassed in cases of Mal-Nutrition, Dyspepsia, Wasting and Debilitating Diseases or Convulsions. Both preparations are endorsed by Physicians.

THOMPSON'S MALTED HOP TONIC.

A PURE Extract of Malt and Hops. Superior to the imported. It is a PERFECT TONIC.

C. F. THOMPSON, Sole Propr. and Mfr., 146 and 148 S. Water Street, Philadelphia.

For Sale by all Druggists.

The Times and Register.

Vol. XXVI. No. 45. PHILADELPHIA, NOVEMBER 11, 1893. Whole No. 792.

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Original Articles.

ELECTROLYSIS IN THE TREATMENT OF TUMORS OF THE BLADDER.*

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ELECTRICITY has done much to make the treatment of tumors of the bladder more successful than the means formerly employed. It can be used in three different forms:

First: Electric light to make the diagnosis positive. Second: Galvano-cautery to remove the tumor wholly or in part. Third: Electrolysis for the removal or absorption of the tumor by degrees, while the patient is perambulant.

Radical operations have been made by supra-pubic cystotomy and removal of the tumor, either by exsection or by galvano-cautery.

*Read at the third annual meeting of the American Electro-Therapeutic Association, in Chicago, September 12th, 1893.

The present paper will illustrate only methods the author has employed with electrolysis, in such a manner that the patients were not detained from business or pleasure, came to the office for treatment and went home after the seance, sometimes necessitating travels by rail. Most patients were females, but the principles employed can also be used in males. The only difference in treating males consists in having the instruments made a little longer to comply with the anatomical differences. Only non-malignant tumors were treated in the manner described.

Non-malignant tumors of the bladder have been described by many authorities, which to cite here would be out of place. Recently an excellent paper on this subject has been written by John B. Hamilton (1) M.D. L.L.D., which is a concise essay, almost exhausting the subject, and giving much information. The authors cited there are Stein, Thompson, Tuffier, Ricard & Bousquet, Watson, Southan, Dittel, Wallace, Perregaux, Jewett, Norton, Guyon, Barling, Spanton and Kelly.

(1) Journal of American Medical Association, May 20, 1893, page 553.

We find in this paper the very good classification of non-malignant tumors by Barling; the history, etiology, pathology, symptoms, diagnosis, treatment and statistic tables. The treatment described is surgical, but not a word is said about the use of electricity. Hence all which can be found in the literature on the subject is omitted here, and only the methods of electricity employed by the author and his instruments used, and which are considered new, will be described.

The tumors which appear in the bladder are of a different character, as enumerated by Barling, Gouldson and others. Tumors which came under the author's observation were mostly papillomata, myomata and vascular. (Angiectasia venosa.)

Diagnosis. The malady is suspected by certain symptoms, as pain, irritability, frequent micturition, chills, insomnia, general malaise, hematuria in intervals, sudden retention, the abnormal state of the urine, etc.

1. *Ocular Inspection.*—However, a diagnosis can only be made with a certainty by ocular inspection of the bladder. This is made by the cystoscope and endoscope. The cystoscope of Leitor is illuminated by a storage battery, and if successful, the experienced operator will see the tumor—rather a little magnified—as plainly as in a good bright daylight. The cystoscope will not be always successful, but when it reveals the tumor, the diagnosis is a certainty. To verify such a diagnosis made, the author uses also the old Desormeaux endoscope immediately after the cystoscopic examination. If the same condition is seen, as found before by the cystoscope, the location of the tumor is verified by an exact measure, how far the tumor is situated from the meatus, and how far it is either right or left of the median line. If such a measure is taken carefully and embodied in the notes of the case the tumor can be found again with any instrument to be employed hereafter.

Writer has used the endoscope of Desormeaux successfully since 1866 in diseases of the urethra and bladder. In examination it shows the parts as they really exist at the end of the endoscopic tube, and there in loco with instruments

and solutions can be reached, but only to the extent of the focus in sight; other places may be reached by changing the tube to another focus. The diagrams shown here will explain best the endoscope, which has been used very little by the profession. The advantages of the cystoscope are, that it gives a better light, magnifies the parts, and the whole bladder can be explored, giving at once a larger field in foco; but it serves only as a means for diagnosis.

For direct ocular inspection Dr. R. T. Morris has invented an excellent endoscopic tube which is very simple, the light thrown into it through a head mirror. The management of either appliance needs some practice. So far, author has had the best results, and was enabled to make a positive diagnosis by employing both the cystoscope and the endoscope in succession, as also before and after using electrolysis. Other examinations for diagnostic purposes are made by exploring the bladder with a bougie à boule or a sound, and by injection or irrigations of the bladder in order to find the capacity of the viscus, the state of the walls, its mucous linings, abnormal contractions and the sensibility of the patient.

Benign tumors in the bladder may be of different varieties as mentioned in text books.

In figure 1 will be found illustrations of some tumors which have come under the author's observation, as seen through the cystoscope and endoscope.

Fig. 1 represents a myomatous tumor, springing from the muscular wall of the bladder, raised and standing on a wide base like an acorn shaped body; sensitive and painful on touch; does not bleed.

Fig. 2. Angiectasia venosa, a chain of varix, of a dark blue color, extending like a chain of berries in a line of irregularities, stretching on the fundus of the bladder $1\frac{1}{2}$ inches above the neck in a transverse direction. The tumor was painful, irritable to the touch, and bled only a little at certain intervals.

Fig. 3 represents the same tumor as Fig 2, as it appeared after it had been treated a few times by electrolysis, showing a similar change as can be observed in a nævus after electrolysis has been used.

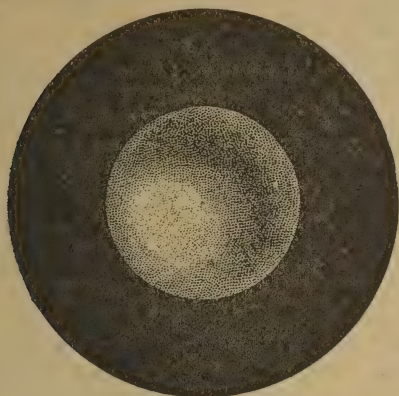


Fig. 1

MYOMATOUS TUMOR OF BLADDER.

FIG. 2 AND 3 TUMOR OF BLADDER.
Angietasia Venosa.

Fig. 2.

APPEARANCE OF TUMOR BEFORE TREATMENT.

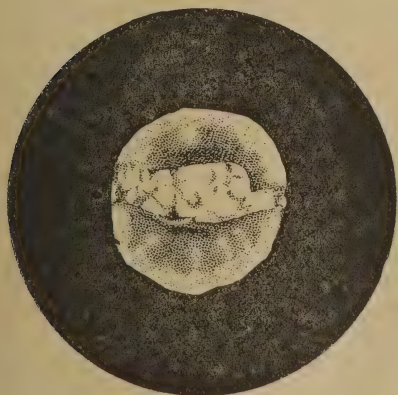


Fig 3

TUMOR AS SEEN AFTER SOME ELECTROLYTIC
TREATMENT.

The tumors have been cured by electrolysis per urethram, and therefore pathological and microscopical specimens could not be procured.

Treatment. Concomitant with the electrolysis or as a preparatory treatment measures are employed to make the patient comfortable. To allay pain anodynes are given, best in the form of rectal suppositories, and external galvanisation. The tone of the bladder must be restored, and the troublesome spasms conquered. Medicated injections, washing out and irrigating the bladder are important. Systematic and very graduate dilatations of the bladder succeed so well that the viscus will soon tolerate twelve ounces to a pint, when formerly it could hold scarcely four ounces.

2. *Galvano Cautery* will do good service in removing the tumor by degrees. After the tumor is well located, the galvano cautery instrument is marked by a ring in such manner, that after introduction the platinum wire will cover the tumor in the bladder when that part of the instrument marked by a rubber ring appears at the meatus. Then the fenestrum containing the platinum wire is pressed downwards against the tumor, and by pressing the current breaker a few times on a screw the platinum wire is instantaneously heated from a storage battery. The instrument is almost identical with author's galvano-cautery sound, and only differs in being shorter and almost straight at the end. The two poles run inside a tube insulated, so that nothing will be heated but the platinum wire situated in the fenestrum.

Author has never failed to galvano-cauterize the exact place wanted, which fact was verified by an ocular inspection with the cystoscope. However, if there should be any doubt about the exact situation, the operation can be done with the place to be operated upon fixated while the bladder is illuminated with the cystoscope. In the same manner a galvano-cautery sling may be used to remove a tumor at the pedicle.

3. *Electrolysis* may be used in different ways, but always under all circumstances a galvanic battery is necessary, no other will do, or in other words the constant current of a galvanic battery is impera-

tive. As a rule the negative pole is applied to the affected part. The positive pole in the shape of a pad or a covered carbon is held in the palm of the hand, or pressed externally over the supra-pubic region.

Each seance may last from five to fifteen minutes as indicated by method and circumstances. The strength of the current is from five to twenty milliamperes, an average of ten m. a.

The intervals of seances are governed by the result of each operation and by the condition of the patient.

The first step in the *modus operandi* is to draw off the urine, which can be done with the urethral glass speculum. Fig. 6, which is a very useful auxiliary, as will be shown later. If necessary, the bladder is washed out through the same glass speculum, and at last four to six ounces of clear water are left in the bladder. This water may contain a little table salt, or bi-carbonate soda, which facilitates the electrolytic action. In most electrolytic operations in the bladder it is of great importance to have the bladder filled with water, and when the cystoscope is introduced, the water is a necessity to keep the electric lamp cool. Without the water the lamp would burn the mucous lining.

After these preliminaries the electrodes are applied, each in its place and the electrolytic action begins, the current being gradually increased from zero to the desired strength.

Different Methods of Electrolysis.—There are principally two methods—general and localized.

1. *General Electrolysis* is accomplished by holding the electrode bulb in the water, which fills the bladder, without touching the tumor. The electrode Fig. 4 is insulated except at its extremities. One extremity has an olive metal bulb which is introduced as the negative pole per urethra into the bladder and held beneath the water without touching the tumor. The positive pole in the shape of a pad is held in the hand or on any cutaneous surface which completes the circuit. Then the current from a galvanic battery is slowly and gradually increased to the desired strength and the electrolytic work begins—from the water to the tumor. It is surprising what good

effect this general electrolysis has on the tumor and on the general condition of the patient. It allays pain at once, makes the patient more comfortable, and has a specific, absorbing and healing effect on the tumor. The latter effect is slow but steady.

Other advantages of this method are, that it can be done often, in fact almost daily, or in the intervals between other localized operations, which saves time and encourages the patient, who never complains of any pain during such seance. When tumors were almost removed, but a vestige left, which scarcely could be reached locally without encroaching on sound tissue, this method of general electrolysis has done such good service, that the case was finally cured.

2. *Local Electrolysis*—Negative pole against the tumor or penetrating the same.

(a) Electrode metal bulb in contact with tumor.

(b) Platinum needle in tumor.

(c) Fixation of tumor and platinum needle in tumor.

(d) Cannulated platinum needle direct in tumor, with or without fixation.

There we have four methods, from which one can be selected according to indications, and the work to be done.

(a) *Electro metal bulb in contact with the tumor.*—The same electrode, Fig. 4, as described in general electrolysis, is also used for this method. The only difference from the former is that the metal bulb is firmly held against some part of the tumor and in contact with it. After a certain time, when the electrolysis has acted enough in one place, the point of the electrode may be moved to another part of the tumor and changed successively to different parts.

(b) *Platinum Needle in Tumor.*—This and the next two following methods are made on the same principle as the electrolytic treatment of naevus. The negative needle is introduced into the tumor and then the electrolytic action absorbs or destroys the tumor. This electrolysed portion shrivels up, contracts, heals by degrees till a healthy surface appears.

The urethral glass speculum, Fig. 5, is introduced so far into the urethra that its end is near the entrance of the bladder. Into the speculum the platinum needle,

FIG. 4.



ELECTRODE FOR GENERAL AND LOCAL ELECTROLYSIS.

FIG. 5.



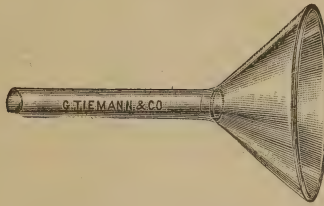
PLATINUM NEEDLE.

A.—Platinum Point.

B.—For connection with battery.

C.C.—Part Insulated.

FIG. 6.



URETHRAL GLASS SPECULUM.

FIG. 7.



VESICAL TENACULUM CACHE.

A.—Tenaculum covered by the safeguard.

B.—Tenaculum free, safeguard open.

FIG. 8.



CANNULATED NEEDLE ELECTRODE.

A.—Needle complete inside cannula.

B.—Needle removed from cannula.

C.—Screw fixating needle.

Fig. 5, is so far advanced that its end is near the opening of the speculum. Then with a quick movement speculum and needle are pushed into the bladder, and at the same moment the needle is pushed

forward to be left in the bladder, while the speculum is removed without discharging the water left in the bladder. Then the needle is pierced into a part of the tumor and electrolysis used as before.

Sometimes it is a little uncertain where and how deep the needle passes, and in such doubt another method may be practiced. However, an operator who has sufficient experience will overcome such uncertainties, and if necessary he can see the needle's action and location by using at the same time the cystoscope, which has been done.

(c) *Fixation of Tumor and Platinum Needle in Tumor.*—This and the next method are nearly the same in principle as the last described. The difference is only a greater certainty in the location of the needle by a new instrument devised by the writer, "The vesical Tenaculum cache," Fig. 7. The Tenaculum is protected at the end by a safeguard which can be moved and thereby leaves the tenaculum free and exposed. This tenaculum runs in a very slender stem, which when in the urethra occupies little space and permits other instruments to pass alongside at the same time. The tenaculum is introduced closed as shown in Fig. 7 a, when in the bladder the safeguard is withdrawn Fig. 7 b, and the tumor fixated and held firmly by the tenaculum. Then if the safeguard is pushed forward, the tenaculum can not disengage itself from the tumor and has a steady hold on it. If there is any doubt about the location of the tumor, the cystoscope can be introduced alongside of the tenaculum and the latter can be seen and guided into the exact location desired. Then the cystoscope is removed and the needle introduced into the tumor, the stem of the tenaculum acting as a guide. Electrolysis is applied, the instruments removed, and if desired the parts may be inspected again with the cystoscope.

(d) *Cannulated Platinum Needle Direct in Tumor.*—For this method another new instrument is used, "The Cannulated Needle Electrode," Fig. 8. The needle inside the cannula is fastened by the screw c at such a place that the sharp point is covered by the cannula. Then the cannula is introduced in the bladder, its open end pressed against the tumor, and at the same time the needle is pushed forward as far as it can go. Fig. 8, a. The screw c fastened again. In this position the needle fills out the cannula so firmly

that no water can escape from the bladder, the point of the needle projects out of the canula scarcely more than one-eighth of an inch. If the needle is now forcibly pushed into the tumor it cannot penetrate further than one-eighth of an inch, and therefore cannot do any harm. If it is desirable either the tenaculum or the cystoscope may be used at the same time. However, there is scarcely a necessity for doing so, as writer always found the exact spot he wanted to penetrate, which was verified by a subsequent inspection with the cystoscope. This instrument proved to be invaluable in these cases for diagnosis and treatment. It is hoped that it will be still more improved so that it is easier to inspect and operate at the same time.

The new instruments here demonstrated have contributed greatly to the success of the operation. These instruments have been devised by author as necessity required, and been manufactured by Geo. Tiemann & Co. in New York.

In most cases it will be necessary to use both local and general electrolysis, the method to be selected according to indications.

Conclusions.—(1) Tumors of the bladder in the male can be treated by electrolysis, but in most cases it will be preferable to perform suprapubic cystotomy and remove the tumor by galvano-cautery, electrolysis or the knife for a radical cure.

(2) The methods here described for tumors of the bladder have been used in females in *non-malignant* tumors. A galvanic battery only must be used.

(3) All operations have been made per urethram, without any assistant, without any anesthetic, without any pain, without any detention, patients being perambulant, coming and going as they pleased.

(4) The result having been very satisfactory, patients acknowledging a cure, and in some cases reliable physicians having made examinations and pronounced patient cured.

(5) While the result has been favorable, it is not asserted that electrolysis will cure all benign tumors of the bladder.

N. Y. 68 WEST 36TH ST.

Society Report.

ABSTRACT OF THE PROCEEDINGS OF THE THIRD ANNUAL MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

AUGUSTIN H. GOELET, M. D. *President.*

Held in Chicago, September 12, 13 and 14.

FIRST DAY—September 12th.

MORNING SESSION.

THE association was called to order by the President, Dr. Goelet, and after the transaction of some routine business, the President delivered the annual address, taking for his subject "The Influences Governing the Progress of Electro-Therapeutics."

He said that last year in a spirit of humor the association had been referred to as a vigorous infant, but its vigor was readily explained when it was remembered that it boasts of three parents. In the beginning it was predicted that it would never prosper, but would die young—even before the completion of its first dentition. He thought, however, that its present state of health and prosperity was sufficient evidence that it was destined to a long life of great usefulness, and a ripe old age. He thought the inauguration of this association marked an event in medicine quite as important as any that had occurred within the present century, because it established a recognized position for an important and long neglected branch of therapeutics. The need of such an association was quite evident to any one who had attempted to present technical papers upon electrical subjects at other medical societies where there is usually so much unreasonable opposition to electro-therapeutics that profitable discussion is impossible.

The work thus far accomplished he considered very creditable for so young an organization, particularly as the field is entirely new and in the beginning involved much uncertainty. He emphasized the fact that the methods adopted must bear investigation and the stamp of scientific reasoning. Results, he said, may be doubted, but methods based on scientific laws could not be questioned.

Electro-therapeutics must contend with

the natural opposition by the profession to every new inroad upon old and established methods. The fact that it is not more universally employed is due to a want of appreciation and was attributed to restricted medical education and unfamiliarity with electro-physics and electro-physiology. Some of the more progressive of medical schools, he was pleased to observe, were beginning to realize the necessity of teaching this branch of therapeutics. The imperfections of past methods, which were certainly unscientific, likewise operated greatly against a proper appreciation of modern electro-therapeutics. This could be overcome by diffusing a more general knowledge of the true position occupied by electro-therapeutics, and its successful accomplishment depended greatly upon the character of the work done by the association, and upon the personality of its members.

The progressive spirit of the association was well shown by the fact that there were no less than six committees charged with investigating scientific questions having an important bearing upon the different branches of the subject. He regarded the admission of other scientists from the electrical world to membership in the association a step in the right direction, and further evidence of its progressive nature.

He recalled the fact that within the past five years scarcely a year had elapsed without the development of some new and important feature involving the application of electricity in some one of its forms. As an instance of this, he cited the development of metallic electrolysis and its extensive application; also the alternating sinusoidal current of D'Arsonval and the capabilities of the interrupted induced current obtainable from modern apparatus.

The important improvements that have been made within the past few years in induction apparatus, whereby an increased frequency of interruption and an increased electromotive force of the current was obtained, he thought deserved especial mention. The possibilities of this current, from a therapeutic standpoint are quite beyond the conception of any one who has not had a practical clinical experience with it.

The program of the present meeting gave abundant evidence of the advanced thought and work which have characterized the association ever since its inception, and it was evident that electro-therapeutics is steadily progressing toward an exact science.

Attention was directed to the fact that, though concerted effort for electro-therapeutics is still young, its influence upon the views prevailing in medicine is already distinctly manifest.

In conclusion, the President declared that by conjoint efforts electro-therapeutics would be brought to that scientific plane which would make its most strenuous opponents their most cordial supporters.

The next order of business was the reading of "Reports of Committees on Scientific Questions."

On Standard Coils.—The chairman of this committee, Dr. William James Morton, of New York, said that the subject was so large, and each month was bringing so many new facts, that it seemed premature to make a report as to what should constitute a standard coil. On motion, the committee was continued.

On Standard Meters.—Dr. Margaret A. Cleaves, of New York, read a report of this committee. The report stated that a good meter should possess a clear, legible scale of long range, and should be so constructed that it could be easily read by the operator while at work; that although in itself a shunt is not disadvantageous, it is undesirable because of the possibility of its heating and thereby changing its resistance; that the instrument should indicate in all positions, and is preferable when constructed to indicate with the current passing in either direction; that it should be very portable and lastly that it should not easily get out of order. Instruments of the galvanometer type were considered to be inaccurate on account of the magnetic influence exerted by surrounding objects.

Then followed a detailed description of the nine meters which had been submitted to the committee for examination, and the tests to which these instruments had been subjected. The report concluded with the statement that in the opinion of the committee the two meters which most nearly fulfilled the requirements were the

Weston and the Kennelly meters, and the association was urged to adopt at once a standard meter.

The report called forth a long and earnest discussion as to the advisability of adopting at present a standard meter. Some of the members were of the opinion that one of the meters especially recommended by the committee had not been sufficiently long before the profession to enable many of those present to pass intelligently upon its advantages or disadvantages, and they therefore deprecated hasty action. Others thought it was impossible to combine in any one meter all the points a meter should possess in order to render it a thoroughly reliable instrument for all kinds of clinical works, and they consequently favored the adoption of two types of standard meters. It was also suggested that to avoid unnecessary discrimination the association should adopt a type of meter as a standard rather as a standard rather than any one particular instrument. The report of the committee was finally accepted and the chairman of the committee continued.

On Static Machines.—Dr. Morton reported that in order to pursue their investigations systematically a number of questions had been sent out in a circular letter, but no responses had been received.

The committee made the following recommendation: That electro-static machines adapted to medical practice should not have less than four revolving plates, and that the diameter of these plates should not be less than twenty-six inches. The report of the committee was accepted and the committee continued.

On Constant Current Generators and Controllers.—Dr. W. J. Herdman, of Ann Arbor, read a carefully prepared report on this subject in which he considered in detail the work accomplished by the various batteries which had been submitted to him for examination. No secondary batteries had been submitted and, mention of one or two batteries which had only been very recently sent in was omitted for lack of time to make the necessary tests. On motion the report was accepted and the chairman of the committee continued.

On Electrodes.—Dr. A. Laphorn Smith, of Montreal, read a report of the committee. The committee expressed the opinion

that the best ground work of all electrodes is copper wire gauze, and that the connection is best made by copper wire soldered the whole length of the gauze and terminating in a binding post—that known as No. 632(?)—which is largely used by telephone companies throughout the world. Clay was considered the best covering as it was the only substance which could be rendered moist enough to conduct properly without at the same time soiling the patient's clothing. It should be half an inch thick and of the consistency of putty. Before each application it can be readily cleaned by washing its surface with soapsuds. The back of the electrode is insulated with common table oilcloth.

The committee recommended three sizes of dispersing electrodes, viz. : each having a uniform length of one foot, and the width three, six and nine inches respectively. It was desirable that these sizes should be given in the metric system. For active electrodes to be used with the positive pole the committee naturally selected platinum as the best, its one objection being its first cost. Where the applications are to be made to the surface of the body or to the interior of a cavity like the uterus, carbon is equally good, and for such purposes carbon beads can be threaded on platinum wire. Zinc is also a useful material for intra-uterine galvano-cauterization. It should be connected with the reophore by means of the standard binding post already mentioned. It was recommended that the conducting cords employed in electro-therapeutical work should be of the standard sizes and lengths used by the Bell Telephone Company.

For negative intra-uterine application a Simpson sound made a useful electrode, and its size should be stated according to the French scale. Where the surface of the electrode is necessarily very irregular, its area should be determined by ascertaining how much water it will displace. It will be well for manufacturers to stamp all electrodes with two numbers—one giving the French scale, and the other the displacement of water or the surface of the electrode.

The committee recommended that a standard insulating material be adopted,

and that the standard screw should be No. 240 of the American gauge.

All electrodes should be washed with soapsuds after each application, and boiled for five minutes before being used again.

Dr. Morton supplemented this report by presenting certain electrodes which he had devised, and which had proven useful in his practice. The first was a rubber covering for dispersing electrodes. It was an elastic rubber cap which would slip over the various sized electrodes, and which formed a pocket around the electrode, thus catching the water which would otherwise leak out on the patient's clothing. The second instrument was a new cataphoric electrode. With the usual form of this electrode it had been found impossible to apply the desired quantity of the medicated solution to the electrode without increasing the thickness of the blotting paper to such an extent that it interfered with and sometimes wholly prevents cataphoresis; for it is essential that the distance between metallic conduction and electrolytic conduction should be reduced to a minimum. To obviate this defect Dr. Morton had an electrode made in the form of a hollow box of hard rubber, the bottom of the box being formed by a piece of block tin perforated with numerous small holes. The box is filled with the desired quantity of the medicated solution, which passes through the small openings in the tin bottom and is fed to a thin piece of blotting paper on its lower surface. In this way any quantity of the solution may be employed without interfering in the slightest degree with its cataphoric action.

The third instrument exhibited was an Apostoli intra-uterine electrode insulated at the tip and at the cervical portion. In conclusion, the speaker referred to the advantages of punk as a covering for electrodes, and said his patients invariably found it the most agreeable covering of any employed. It had the great advantage of remaining moist for a long time.

Dr. G. Betton Massey, of Philadelphia, said that two years ago he devised an electrode made of a spiral of platinum wire enclosing a second spiral, the object of this construction being to facilitate rendering the instrument aseptic. A flat

coil of No. 20 wire was in his opinion a much better basis for an electrode than gauze. If the French scale were employed, he thought it should indicate the diameter and not the circumference of the instrument.

Dr. Franklin H. Martin, of Chicago, called attention to the fact that he was the first one to invent and exhibit a spiral electrode. His instrument was first brought to the notice of the profession in 1887.

Dr. J. B. Greene, of Indiana, preferred the English to the French scale. The best material he had ever used for an electrode was moistened woodpulp; it was an excellent conductor, and so cheap that it can be thrown away after use. In his opinion it would be impracticable to fix upon standard sizes for electrodes.

A communication was read from Dr. Lucy Hall Brown, of Brooklyn, in which she recommended a special electrode made of a perforated brass plate covered with punk and connected to the reophore by a peculiar spring clamp which she had devised.

On Investigation of Dr. Newman's Statistics in Urethral Stricture.—The committee, consisting of Drs. A. H. Goelet, Wm. J. Morton and W. J. Herdman, reported that they had made a very careful and conscientious examination of Dr. Newman's records and statistics and had asked, but unsuccessfully, for the co-operation of certain general surgeons. The committee unanimously agreed that Dr. Newman's statistics fully substantiated the claims he had made.

AFTERNOON SESSION.

Dr. Newman, of New York, read a paper on "Electrolysis in Tumors of the Bladder."

The author considered only cases of non-malignant tumors in the female bladder. If the bladder be very irritable the preparatory treatment should consist in the careful use of medicated injections, by which means a bladder which can hardly retain four ounces may be made to tolerate as much as twelve ounces of fluid. For the proper use of the cystoscope it is necessary to have from four to six ounces of fluid in the bladder. The cystoscope is first used to locate the

tumor, and the author advised that its use should be immediately followed by an examination with the endoscope. By means of the rubber ring slid on to the instrument it is easy to locate the distance of the tumor from the meatus. Indeed he had found comparatively little difficulty in subsequently cauterizing the exact spot desired. The constant current of a galvanic battery was invariably employed, and except where it was necessary to control hemorrhage, the negative pole was the one selected. The average current strength was 10 m. a.; each sitting lasted from five to fifteen minutes, and the intervals depended upon the result of each sitting and the condition of the patient.

There are two methods of electrolysis, general and local. General electrolysis has a specific absorbing and healing effect upon a tumor, and may be employed when the patient cannot tolerate other measures. Local electrolysis may be performed firstly, by means of a little bulb placed in contact with the tumor; secondly, by the introduction of a platinum needle and thirdly, by fixation of the tumor and the introduction of a platinum needle into the tumor. The fixation of the tumor may be accomplished with the help of an instrument called the vesicle tenaculum cache, and this instrument can be used as a guide to the introduction of the electrode. With this method a cannulated platinum needle is employed, which not only allows of the easy introduction of the needle, but it is so arranged that the needle is projected only a certain distance beyond the end of the cannula into the tumor—a distance which can be determined beforehand by the proper adjustment of the instrument.

All the operations were done through the urethra without the employment of anesthesia, the production of pain, or interference with the patient's occupation. The author did not wish to be understood as asserting that electrolysis would cure all benign tumors of the bladder, yet he claimed very satisfactory results in the cases which he had thought proper to subject to this treatment.

"The Nutritional Effects of Statical Electricity Considered in Relation to High Frequency and High Potential

Currents, and the Transparency of the Dielectric."

Dr. William J. Morton, of New York, read a paper with this title. Through the recent labors chiefly of D'Arsonval, Tesla and Elihu Thompson, statical electricity has assumed new and important relations to electro-therapeutics. In contradistinction to the low frequency of the current obtained from the ordinary faradic coil, the high frequency high potential current is simply a periodical current, or one in which the electrical energy is cut up into many waves or periods—ten thousand to ten million per second. With this high frequency there is a correspondingly high electromotive force, and it is mainly these factors and not electrolytic conduction which is the important point to be considered when studying the electro-therapeutic effects of this current.

When a Leyden jar is suspended in connection with any electrostatic machine and the spark caused to pass, every time the spark passes, there is a corresponding discharge in the Leyden jar, and with each discharge oscillations take place many thousands of times a second. This is the periodical current with which we are dealing in electro-statics. The oscillations are reduced in frequency in proportion to the resistance in the circuit.

The high frequency current seems to possess an unlimited power of penetrating tissues of the body. As the static machine is set in motion and a spark passes, every particle of ether in the room is also set in motion, and the same vibration is set up in our own bodies.

According to the modern view of electricity, the electrical energy which produces what we call the current is around the wire and not in the wire, and the electrical influence is felt in the medium around the wire. If this is not a conductor then these same ether vibrations impinging on the dielectric put it in a condition of strain. The dielectric is a non-conductor having a charge, and being in relation to another body also having a charge. It is found that these periodical currents are conveyed both by our conductors and our non-conductors, and in the technical language of the present time it is said that a dielectric is "transparent" to periodic currents.

The principal object of the paper was to present the results of a series of observations which the author has made at his clinic in the New York Post-Graduate Medical School. The secretions were affected. That the circulation is visibly affected is shown by the dilatation of the cutaneous vessels following immediately upon the application of sparks locally or generally. A series of tabulated cases were shown, showing that in a great number of cases under observation, the pulse was lowered by statical electrization from fifteen to twenty beats, and that the body temperature was usually increased from a half to one degree. Stating broadly, he thought he might deduce the law that the disposition of statical electrization is to produce an equalization by acting upon the centres—reducing a frequent pulse and elevating a subnormal temperature, or vice versa.

Observations were also presented which showed that in cases of chronic articular rheumatism this treatment resulted in greatly diminishing the quantity of uric acid and correspondingly increasing the quantity of urea. It was also noted that many patients while under this treatment gained in weight very perceptibly—one patient gaining forty-two pounds in five weeks.

The author concluded by expressing the conviction that statical electrization was only the beginning of a new and extremely important era in which the periodical current would play a prominent part, and lead to much better practical results. The very mechanism which the author was the first to describe, and which was published in 1881, is to-day found to be essential for producing these wonderful electro-static effects of alternating currents.

DISCUSSION.

Dr. H. E. Hayd, of Buffalo, said he could vouch for the statement that statical electricity profoundly affects the secretions, for he had frequently observed that it increased the specific gravity of the urine. He also knew from personal observation that it stimulated the circulation, and was especially useful in muscular rheumatism owing to its power of increasing the activity of the hepatic function. He could also confirm what

had been said about the increase in body weight and in the quantity of urea excreted.

Dr. Massey referred to a recent case in which the improved nutrition could only be attributed to the effect of the static charge.

Dr. Herdman said that the effect of static electrization on the circulation was sufficient to explain many of the beneficial results mentioned. He believed that in spinal irritation, and in neurasthenia, the good effects of this treatment were directly attributable to its action in relieving the passive congestion which he considered to be the fundamental cause of these affections.

A few days ago Tesla admitted in his presence that his experiments with the high frequency current were the result of his attention being directed to the subject by Morton's description of his method of producing the static induced current.

Dr. Holford Walker, of Toronto, said, that although his experience with static electricity extended only over the past year, he had observed beneficial effects from its use which could only be explained by its action in increasing the circulation.

Dr. J. B. Greene, of Indiana, said that the author had not shown any marked change in the temperature as a result of static electrization, although claiming a marked effect on the pulse; nor had he exhibited any sphygmographic tracing from these patients. This he considered a very serious omission. His own observations had led him to believe that the good effects observed after static electrization were largely due to "suggestion."

Dr. W. B. Sprague, of Detroit, said, that although using one of the small static machines which had been characterized as a "toy," he had obtained gratifying results with it in cases of neurasthenia.

Dr. P. S. Hayes, of Chicago, said that his experience with static electrization during the past ten years justified him in endorsing what had been said in its favor.

Taking into account the high tension of static electrolysis he believed that the current acted directly on the contents of the cells in the tissues, and not merely on the fluids surrounding the cells.

Dr. Margaret A. Cleaves, of New York, said that she had also observed a remarkable increase of body weight in many cases. She also called attention to one very practical point—viz: that constipation of many years standing is very commonly relieved by static electricity applied over the lumbar and sacral plexes of nerves and to the abdominal parietes.

Dr. Morton, in closing the discussion, said that if "suggestion" were capable of uniformly affecting the pulse and temperature in the manner exhibited in his tables, it might well be adopted instead of electrical treatment. A rather intimate acquaintance with the subject of hypnotism had failed to convince him that it possessed any such remarkable power. A change of one degree uniformly in given cases he considered a "marked change."

A paper on "Electro-Medical Eccentricities" by H. Newman Lawrence, Esq., of London, Eng., in the absence of the author was read by the Secretary.

He first discussed a very common defect of many text books on electro-therapeutics, viz: the apparent lack of connection between the part which treats of electro-physics and that which treats of the therapeutical applications of electricity.

He next suggested that there should be a proper standard of qualifications for medical electricians, and that those so qualified, might with advantage carry out the electrical treatment of cases referred to them by general practitioners. The third topic which received attention, was the existence of so much quackery under the name of electricity or magnetism. The author thought the medical profession should no longer remain silent in regard to so-called magnetic apparatus and appliances dependent for their action upon the well known process of electro-physics, and he suggested that the association appoint a committee to consider the best way of overcoming these abuses.

The paper was discussed by Dr. Morton and Dr. Herdmann; both of whom expressed the opinion that any attempt to overcome such outrages by legislation would produce the very opposite result to that which all desire. It was only by individual effort in the dissemination of correct popular information on medical

electricity that we could hope to defeat these quacks.

"The Action of the Continuous Current within Living Tissues as Distinguished from the Local Polar Action."

Dr. W. J. Herdman, of Ann Arbor, read a paper on this subject. Whenever a tissue is subjected to the action of a continuous current, owing to the fact that the tissue is made up of cells containing fluids and surrounded by cell walls having a greater resistance, these fluids must be absorbed. This is by a process of convection and not of conduction. This theoretical view that electricity must exert a systematic effect is confirmed by experiments made by the author and by others on healthy animal and vegetable tissues. It was found that when these tissues were exposed to a feeble current of electricity for a short time daily, their growth was decidedly increased, but it was retarded by a more prolonged action of the current.

DISCUSSION.

Dr. Massey said that the abdominal walls of many patients undergoing the Apostoli treatment for uterine fibroids became the seat of an increased deposit of fat owing to the improvement of the general health consequent upon the treatment.

Dr. Morton said that the experiments of G. Weiss, the physiologist in Paris, bore out the point made in the paper regarding electrolytic action and its effect on functional activity of the cells. This investigator passed a strong continuous current through one leg of a healthy frog. After a week it is found that the excitability of this leg was about ten times less than that of the other leg. The speaker said he believed in the polar effect, and believed it reached deeply. Acting on this purely physical view of the action of the electrical current in the human body, he had been in the habit of applying the positive pole to the spine for all spinal cord degenerations, and the negative pole for all inflammations. This was exactly the reverse of the usual treatment, but his experience with this method of treatment had only served to convince him that it was founded on a correct theory.

Dr. Herdman, in closing the discussion, said that although many electro-thera-

peutists did not believe at all in the intra polar action of the current, he not only believed in it, but considered it very important. By the term "convection" he had meant to convey the same idea as we represent in the expression "progression of the atoms."

"Observations on the treatment of Goitre."

Dr. Charles R. Dickson, of Toronto, read a paper with this title. He now uses Goelet's modification of Apostoli's clay pad, and begins with a current of 10 to 15 m. a. for ten minutes. The treatment is continued on alternate days and the strength of the current gradually increased up to 100 or 120 m. a., although in exceptional cases, over 200 m. a. may be used. He considers a strong current applied for a short time preferable to using a weak one for a long time. After the treatment the parts are sponged off with a cold solution of boracic-acid. If after several weeks of this external treatment there is no result, it is proper to resort to puncture. Strict antiseptic precautions are observed, and the puncture is made with a surgeon's needle insulated with several coats of collodion. The puncture should be made if possible, low down through the isthmus, and during the introduction of the needle the patient should be directed to swallow so that puncture of the larynx may be avoided. The subsequent punctures are all made at the same spot.

In the cystic form the external treatment is of little use. Here the author advises inserting an aspirating needle, drawing off the contents and filling the sac with a solution of salt in boiled water. The object of this is to make use of an electrode which will fill the deepest recesses of the sac. The aspirating needle is used as an electrode, and after the application the fluid is withdrawn.

In conclusion the author said that he still maintains that in electricity we have one of the most valuable agents in the treatment of all forms of goitre, and that it is the safest treatment. He had known even external applications of iodine to produce so much cedema that death from asphyxia seemed imminent. Electrical treatment in exceptional cases may have to be extended over a period of two years.

DISCUSSION.

Dr. Massey said that some years ago he had succeeded in absolutely curing a cystic goitre which had resisted other means. Four out of six cases of exophthalmic goitre he had completely cured by the external application of a current of 10 m. a.

Dr. Morton cited one case in which he had succeeded in reducing a very large goitre to one-third its original size by means of the faradic and galvanic currents used simultaneously by a combining switch.

Dr. Walker spoke of a case in which a lady received such prompt relief from electrical treatment that she would not continue it long enough for a cure to be effected, but preferred to return once each year and receive treatment for about three weeks.

Dr. Dickson said, that in one case where the goitre was large and distinctly fibrous, there was a protrusion of the right eye-ball which diminished in proportion as the goitre was reduced.

SECOND DAY—September 13th.

MORNING SESSION.

Dr. Holford Walker, of Toronto, reported a "Case of Ascites Cured by Galvanism." The patient, a little boy, was treated by galvanism, thirty-nine applications being given. The positive pole was a large clay abdominal electrode, and the negative a large metal disc which was applied alternately to the shoulders and back every other day for fifteen minutes. The patient was unable to tolerate a current of more than 50 to 75 m.a. At the end of three weeks it was evident that the fluid was being absorbed, and in a month or two it entirely disappeared, and since then the patient has continued well except for a mild attack of rheumatism. Previous to resorting to electricity all the usual remedial measures had been tried, and had failed.

DISCUSSION.

Dr. Newman cited from memory the case of a man with extensive anasarca and ascites, who was brought to him after a number of consulting physicians had expressed the opinion that in spite of

treatment he could not live more than two days. Not more than this time elapsed before he measured three inches less than before the electrical treatment was begun, and he ultimately recovered entirely. The speaker could not recall the original diagnosis recorded in his case-book. He thought that the treatment caused the withdrawal of some of the fluid, and that it stimulated the secretions.

Dr. Engleman cited a case of ascites, seemingly just as severe, where two very able physicians gave a similar prognosis. At this juncture, some of the patient's family insisted upon calling in a quack whose treatment consisted in making certain "passes" about the patient. One of the regular physicians continued to call in order to watch the treatment. The patient immediately began to improve, and during the ten years which had elapsed since then, she has remained entirely well. In that case, microscopical and chemical examinations of the urine confirmed the diagnosis of renal disease which had been made by the physicians originally in charge of the case.

Dr. Eugene C. Gehring, of St. Louis, thought that an ascites associated with kidney disease was due largely to spasmodic irritation, and that a cure was brought about by the relaxing effect of the electricity on the nervous system.

Dr. J. B. Greene, of Indiana, said, that he had been called in consultation a few months ago to a similar case where the diagnosis of renal disease was substantiated by the results of the microscopical and chemical examination of the urine; yet to his surprise the attending physician afterwards informed him that from the time galvanism was begun the patient began to improve, and eventually recovered.

Dr. Walker, in closing the discussion, said, that the diagnosis in his case had never been clear. As the boy had been standing daily immersed in water up to his waist, it was possible that the ascites was the result or ordinary subacute peritonitis, or of tubercular peritonitis, as there was a history of tuberculosis on the maternal side. The kidneys were perfectly healthy.

"Metallic Electrolysis."

Dr. Margaret A. Cleaves, of New

York, read a paper on this subject. By this term was meant treatment by inserting in the natural cavities and in the tissues soluble metallic electrodes, such as those made of copper, zinc and iron. Experiments were cited which proved not only that an oxychloride of copper was deposited in the tissues, but that subcutaneous injections of comparatively large quantities of this deposited salt failed to produce in rabbits any toxic symptoms. Other experiments indicated that this copper salt had a more powerful bactericidal action than the ordinary galvano-caustic applications, and that by the cataphoric action of the current, the deposited metallic salt is made to penetrate deeply into the tissues. This is a convenient method of applying a metallic salt in the very depths of the most tortuous sinuses, and it should not be forgotten that the salt so deposited, being in the nascent state, is peculiarly active.

The author stated that for intra-uterine work, a current of 25 to 50 m.a. is sufficient when given for fifteen minutes, and that then a *reversed* current of 10 or 15 m.a. should be given for six or eight minutes in order to loosen the electrode. However, it should be noted that this adherence of the electrode to the tissues may be avoided by gentle and continued manipulation in suitable localities during the application of the current. Too frequent applications are liable to retard the progress of the case. The work of elimination and repair which takes place in the neighboring tissues without pain and without inflammatory reaction, extended over a period of eight days. Metallic electrolysis has proved extremely efficient in controlling uterine hemorrhage. The electrodes should be carefully rubbed with emery paper after each application.

Cases were also cited in which the author used metallic electrolysis successfully in uterine fibroma, endometritis, urethritis, granular degeneration of the cervix, hypertrophic rhinitis, trachoma and hemorrhoids. Improvement was observed in most of these cases after one or two sittings, and the cure was both speedy and permanent.

An especial set of electrodes for application to the conjunctival membrane were presented by the reader of the

paper, as well as needles for puncture.

DISCUSSION.

Dr. Morton said, he had proposed the name "metallic electrolysis" instead of "interstitial electrolysis," as used by Gautier, because interstitial electrolysis may occur anywhere where there is a powerful continuous current, even though the electrodes are not metallic. He had been surprised to find in a book written by Butler, in 1876, a very good description of a similar method of treatment, but without any reference to its application in gynecology.

Dr. Morton then exhibited special forms of electrodes which had been found useful in applying this treatment to the nose, uterus, urethra and rectum. The adhesion of the electrode to the tissues is particularly noticeable in the treatment of urethritis, and it is probably due to the formation of a soluble albuminate of the metal constituting the electrode. The speaker then cited a case in which he had promptly cured a gonorrhea of three months' standing, and also the treatment of a cyst on the side of the neck. He also described the action of metallic electrolysis in curing hemorrhoids and atrophic rhinitis, the cure in the latter condition, he thought, being probable due to a restoration of the activity of the few glands which have escaped the destructive process.

Dr. Hayd objected to the treatment from theoretical considerations. He thought it was unduly magnifying the local action of the current, and at the same time encouraging the already too prevalent practice of employing intra-uterine treatment.

Dr. Massey said, that the objections made by the last speaker did not apply to the *expert* use of intra-uterine applications. We have metallic electrolysis every time we use the galvanic current unless the patient be protected by a very large clay pad to catch the particles of metal which pass off from the metallic conductor. As regards this mode of treatment in connection with hemorrhoids, he wished to state that he had applied a current of 40 or 50 m.a. with a carbon electrode to hemorrhoids, and had seen them reduced by this means, so that it could not be said that metallic elec-

trolysis is essential for such reduction.

Dr. Green also objected to this indiscriminate probing of the uterus as unwise and unsafe. He had quickly cured one case of hydrocele by galvanopuncture of the sac with a zinc needle, without withdrawal of the fluid. There had been no relapse.

Dr. P. S. Hayes said that while admitting the dangers likely to follow upon the employment of intra-uterine galvanic treatment in improperly selected cases, he felt that in suitable ones the expert operator could accomplish his purpose much more safely than by the usual topical applications of medicines. It was important to remember that without due regard to the proper technique of metallic electrolysis, it was an easy matter to produce a trauma as a result of the agglutination of the electrode to the tissues. The speaker also emphasized the peculiar powers possessed by metallic electrolysis by virtue of the metallic salts being in the nascent state, and the current carrying them deeply into the tissues. It is probably because of this penetrating action that it has been found so useful in the treatment of gonorrhea.

Dr. Gehrung remarked that this cathartic action of the current carried along one portion of the medicament before another particle was presented to the tissues, thus preventing a clogging up of the spaces with the medicine.

The President said that he was the first to call attention to the uterine colic excited by cupric electrolysis. Further investigation convinced him that the astringent action of the application tended to constrict the canal and obstruct drainage, and some of the gas which was evolved during the electrolysis did not combine with the metal of the electrode but remained free in the cavity. By securing better drainage from the cavity by means of previous dilatation, cases which had before suffered with colic, were able to receive the treatment with entire freedom from this unpleasant complication. He knew of nothing superior to cupric electrolysis for controlling the most severe forms of uterine hemorrhage, but for endometritis and granular degeneration of the cervix, he preferred zinc

electrolysis. Zinc electrolysis was also useful in promoting the healing and obliteration of the sac of suppurating vulvo-vaginal glands after incision and evacuation of the contents. He had also treated successfully by zinc electrolysis a large keloid involving the anterior surface of the thigh, using 5 m. a. for each zinc needle, for ten minutes, about ten or twelve applications being required. He had employed zinc electrolysis also in one case of fibroid by means of vaginal puncture and had noted that it produced decided softening and marked diminution in the size of the growth.

Dr. Cleaves, in closing the discussion, said that while she believed a great deal of intra-uterine treatment is unnecessary she was satisfied that in certain cases the results from such treatment were quicker and more lasting than from any other. In her own practice, she did not exceed a current of 30 m. a. and oftener used a less current strength.

"Some Observations on the Fine Wire Coil or Current of Tension."

Dr. H. E. Hayd, of Buffalo, read a paper on this subject. He said that his own induction coil consists of 3500 feet of No. 32 wire, tapped at three points, so as to permit of using lengths of 1500, 2500 and 3500 feet respectively. He had been informed that the vibrator made from 250 to 350 vibrations per second. In securing a sedative action from such a coil, it is very important that the action of the vibrator should be both rapid and smooth. The current from the fine coil may be considered a specific in the relief of that form of neuralgic dysmenorrhea characterized by tenderness over the ovaries, marked epigastric tenderness, nausea and vomiting. The treatment is safe and painless, and the current is best administered by means of a simple bipolar vaginal electrode. These conclusions were supported by a number of illustrative cases.

DISCUSSION.

Dr. A. Laphorn Smith, of Montreal, said that at least half a dozen cases which had not been relieved by laparotomy and the removal of the appendages had come to him subsequently, and had been completely relieved of all symptoms by the use of the fine wire current.

Dr. Engleman said that very vague notions prevail regarding the speed of the ordinary interruptors on induction coils. If the author had used a speed of 350 vibrations per second, the patient would not have felt the current. The average vibrator he had found by actual experiment made from 2000 to 2400 vibrations per minute, and the best of the old kind of vibrators which he had been able to find in the market—that of Gaiffe, only vibrated 3000 times per minute, or fifty per second.

(At this point the discussion was interrupted in order that it might form a part of the formal discussion on this subject which had been arranged to take place in the afternoon.)

AFTERNOON SESSION.

DISCUSSION.

“The Influence of Frequency of Interruptions and Character of Induced Current Waves upon the Physiological Effect.”

Dr. William James Morton, of New York, opened the discussion. He said we possessed three mechanisms for exciting induced currents, viz: (1) the induction coil; (2) dynamo-electric machines; and (3) condensers—Leyden jars, etc. It has been found that the current with long periods will kill instantaneously while one with short periods is harmless. The speaker said that in April, 1881, the *New York Medical Record* published an article in which he described a new induced current obtained from the static machine. His conclusions were: That the current possessed great diffuseness; that it produced an analgesic effect; (3) that it produced a vaso-motor effect, manifested by dilatation of the superficial blood vessels and the occurrence of perspiration; and (4) that it caused an elevation of the body temperature. His mechanism, then published, is the fundamental electrical mechanism necessary to produce the high frequency high potential currents now so thoroughly familiarized by the labors of Tesla, Elihu Thompson and D'Arsonval.

In February, 1891, Tesla published his first article on high frequency cur-

rents. In this article he made the statement that the writer's experiences tend to show that the higher the frequency the greater the amount of electrical energy which may be passed through the body without serious discomfort.

About the same time Elihu Thompson was investigating the same subject. He found: (1) that the higher the frequency the less the effect on an animal; (2) that the cause of pain lies chiefly in the muscular contractions produced; (3) that the cutaneous nerves were less painfully affected at a higher rate; (4) that the visual mechanism was not excited at a higher rate, even with a pressure of fifteen volts.

D'Arsonval's conclusions were: (1) That the high frequency current had no effect on the organs of feeling; (2) that it produced no muscular contractions; (3) that there was a diminution of the sensation of pain; (4) that there was a dilatation of the blood vessels; (5) that it caused an increased perspiration; (6) that it caused increased tissue change, manifested by increased absorption of oxygen and increased elimination of carbolic acid; and (7) that it caused no increase of body temperature.

Dr. Morton then exhibited a medical induction alternator affording sinusoidal current, which Mr. A. E. Kennelly had constructed at his suggestion. It gave a current having 1200 periods per second.

The discussion was continued by a communication from A. E. Kennelly, Esq. of the Edison Laboratory, entitled “Induction Coils.”

In his absence, the paper was read by Mr. E. M. Smiles. The author began by giving a strictly technical description of the magnetic laws involved in the working of induction coils. Observation shows that the primary current does not instantly reach its full value, but there is developed in the primary coil an electro-motive force which is always in opposition to that of the battery. This is called self-induction. As soon as the vibrator spring leaves the contact point, the metallic circuit is broken, but not instantly, for there is induced a secondary flux in both the primary and secondary coil, and in such a direction as to sustain the battery current. The duty

of the faradic coil is to supply a certain strength of alternating current at a given frequency. Probably no two coils give precisely the same wave characters; long coils and many windings produce smoother flowing and less abrupt waves. The ordinary form of spring vibrator rarely supplies more than 250 vibrations per second, while the ribbon spring easily makes 1000 vibrations per second; but both are very irregular. If a current of 5 m. a. be supplied by an ordinary faradic coil at 250 alternations, there will be much uncertainty as to the wave characters, but if the primary be excited by a sinusoidal current of the same frequency, the character of the waves can be accurately determined.

A communication from professor Edwin Houston, of Philadelphia, entitled "Remarks upon Apparatus to produce Induction Currents, and the Character of the Waves of Individual Apparatus, with Especial Reference to Those Applicable to Medical Uses," was read by Dr. Morton in the absence of the author.

Reference was made to the remarkable change in the physiological effect which resulted from a change in the frequency of the interruptions of the current. The harmlessness of the high frequency current is probably due to the fact that it is unable to reach the deeper organs; for, if the effect of the discharge on a bar of solid copper is very superficial, the effect on the human body must be still more superficial.

Dr. J. H. Kellogg, of Battle Creek, continued the discussion in an article entitled "The Graphic Study of Electrical Currents in Relation to Therapeutics."

Dr. Kellogg said that he thought thus far in the discussion two or three different forms of current had been confounded, for the rapidly interrupted current is not a sinusoidal current. He first described this current in a paper read before the American Medical Association in 1888. The effects obtained from it varied with the speed of the machine. When only fifteen or twenty alternations were made per second, it produced vigorous muscular contractions with complete relaxation at each alternation. The sensory effects

are best obtained by giving the machine a high velocity; under such circumstances, it will be found that if the electrode be placed in the region of the eye, the subject will perceive a luminous field which varies its position with that of the electrode.

He had made more than twenty thousand applications of the sinusoidal current, the greater number being in gynecological cases; and with it he had been enabled to cure hundreds of women who had previously suffered many things at the hands of gynecologists. The current is chiefly useful: (1) In exercising muscles which are not easily brought into action by voluntary effort; (2) for producing muscular contraction in cases where degenerative changes have advanced so far that the muscles fail to respond to the faradic current; (3) in connection with "the rest cure" for giving exercise to feeble patients. Here it is superior to the faradic current on account of the painlessness of the contractions and their greater vigor. The application is also more easily made as it is not necessary in most cases to locate accurately the motor points. (4) It is very valuable when used alternately with massage. (5) It is of the greatest advantage in strengthening relaxed abdominal muscles, which are often responsible for displacements of various abdominal viscera, and the occurrence of various reflex symptoms. (6) For the treatment of hyperesthetic conditions of the nervous system. Here it is necessary to employ an extremely delicate rheostat, and to use the current obtained from the machine while at a high speed. In marked contrast with the faradic current, he had found no idiosyncrasy to the sinusoidal current.

He believed the rheotome was a fatal element of weakness in the induction coil, and that this well known instrument is inherently faulty as an agent in electro-therapeutics. Nothing but the graphic method would enable the medical practitioner to regulate a faradic apparatus so as to obtain exactly the same current at all times, and he predicted that the faradic apparatus would have to give place to a more reliable instrument.

THIRD DAY.—September 14th.

MORNING SESSION.

(*Discussion of yesterday concluded.*)

H. Newman Lawrence, Esq., M.I.E.E., of London, England, sent a contribution to the discussion, entitled, "In Medical Induction Coils, how does the Current of the Primary differ from that of the Secondary; and what Influence has this Difference upon the Respective Physiological Effects?"

The charging current can be measured both as to voltage and amperage; the secondary current is the source of alternating impulses, and dependent for voltage and amperage upon the number of turns around the primary, the strength of the charging current, and the rate of interruption of the vibrator. Muscular contraction may be produced by an infinitesimal amperage, provided it be sufficiently concentrated. In general, therefore, when muscular contraction is required, the primary current is the more painful to use, but owing to its other properties it may be found in certain cases less painful when applied to the nerves.

The discussion was continued by the reading of a communication from Dr. William F. Hutchinson, of Providence, R. I., entitled, "A Study of Electrical-Anesthesia and Frequency of Induction Vibration." This paper was supplementary to one on the same subject read at the last meeting of the association. By means of Cook's reed-pipe, the author had been able to more accurately determine the number of vibrations. He now believed that the cause of electrical-anesthesia must be looked for in that principle of mechanics known as the superposition of small motions. In a vibrating wire it is found that there is a "dead point" or spot at which the wire is at rest. Replacing the reflected wave on the wire by an efferent impulse along the nerve, we can imagine that electrical-anesthesia is due to the formation of a similar "dead point" along the nerve. Just as many vibrations must be imparted to a sensory nerve inwardly as are proceeding outwardly upon it in order that a dead point or zone of anaesthesia be created. The rate of the electric wave

and that of the nerve impulse seem to be identical, and hence, pain is the mechanical expression of disturbed energy, and it is to be destroyed temporarily by such vibratory action as will restore rest to the nerve. The writer admits, however, his inability to explain why it is that the anesthesia should be confined to an area not much greater than the electrode, although it is easy to demonstrate that the current traverses the whole length of a nerve.

The President here took part in the discussion, making some remarks "On the Influence of Frequency and the Graphic Curve on the Results of Gynecological Electro-Therapeutics, particularly with the Sinusoidal Current."

His conclusions were based upon observations made with the faradic current and an apparatus constructed for him by the Kidder Manufacturing Co., consisting of an alternator run by a motor, by which an alternating current, having 800 alternations per second, could be sent through the primary coil of his induction apparatus. With five Leclanché cells in the primary, the current obtained in this manner and with this, this number of alternations was almost imperceptible to the hand, but he noted that it was appreciable in the vagina. It had a marked soothing effect on the patients upon whom he had tested it. He claimed to be able to cure endometritis with the alternating current or the interrupted induced current as obtained from the improved faradic apparatus he had devised. The way in which it accomplished this was, in his opinion, by its influence upon the vaso-motor supply in relieving pelvic congestion which is often the primary cause of the trouble. Where the canal is not patulous, free drainage was secured by occasional negative galvanic applications of very moderate strength.

He believed with Mr. Bland Sutton, that in the great majority of cases of salpingitis the obstruction in the tube is due to tumefaction of the mucous membrane, and if this can be removed, as is often possible, by means of a proper application of the current, it is an easy matter to secure natural drainage of the tubes through the uterine cavity.

One very noticeable effect of this current was a very decided improvement in

the systemic condition even when it was applied to the pelvic organs.

(The discussion was here interrupted to allow Dr. Kellogg and Dr. Morton to demonstrate the properties of the alternating current as obtained from their machines.)

Dr. A. Lapthorn Smith then resumed the discussion. He said that the same increase in weight which is observed after the application of the sinusoidal current results from ordinary exercise. Referring to the fineness of the interruptions, he said that an excellent vibrator for this purpose could be made out of a piece of ferrotype metal. He had been able to obtain with the fine wire faradic current all that Apostoli claimed for the sinusoidal current. The improvement in the circulation was principally due to the muscular contractions produced by the current.

The Alternating Current in Electro-Therapeutics.

Drs. Georges Gautier and A. Larat, of Paris, France, sent a paper with this title. It was translated and read in abstract by Dr. A. Lapthorn Smith.

The paper stated that the faradic current attained its maximum quite suddenly, whereas the sinusoidal current reaches its maximum much more gradually, and consequently a larger dose can be borne. They claimed that any current having oscillations not over 20,000 per minute is a sinusoidal current, and that the action of the sinusoidal current, even when muscular movements are absent, is to increase the absorption of oxygen and the elimination of carbonic acid and urea. One curious point noted was, that if after a person has eaten asparagus, he be subjected to the action of the sinusoidal current, the asparagus will not impart its peculiar odor to that person's urine. They claim that the current is useful in reducing obesity, and in treating certain forms of eczema and vitiligo, and that it is peculiarly efficient in the treatment of infantile and pseudo-hypertrophic paralysis. They recommend that the current be applied through electrodes hanging over the edge of a porcelain bath, and they added that for the sake of propriety it is desirable that the water of the bath should be rendered opaque by the addition of starch.

Dr. Herdman said he had had very little personal experience with the high frequency currents, but he had been using for the past three years the Thompson-Houston dynamo current, giving ten thousand alternations per minute. It was an agreeable current, but exerted a peculiar tonic effect on the vaso-motor system. We must admit that vibrations producing musical tones have some special physiological effects, but remarkable results are obtained with vibrations extending even beyond the limits of such tones.

Dr. George J Engleman, of St. Louis, thought in this discussion the faradic current had been treated in a pitiable way. The objections which had been made against it were those which applied to the old-time instruments, and which he had overcome by his separate vibrator and interruptor. Determining the number of the vibrations by musical notes is not only time-consuming, but is necessarily inaccurate on account of the large personal equation which it involves. He had gone still further with his investigations, and had shown that in addition to the improvements already mentioned, special coils must be constructed for certain definite effects. He had no experience with the sinusoidal current, but from what he had seen and heard from those who had introduced it he had not been tempted to experiment with it.

Dr. Morton, in closing the discussion, said that he thought the criticisms of the preceding speaker admitted the objections which had been made upon the unreliability and limited efficiency of the faradic coil as ordinarily constructed.

He had been much puzzled by Dr. Hutchinson's paper, for if he understood it correctly, we were asked to assume that the vibrations of an electric current, which are given at 540 per second interfere with the vibrations of a nerve impulse, which are about 11 to 19 per second. Although he admitted the power of the current to produce certain analgesic and subjective effects, he did not believe it could produce true anesthesia, and he could not but deprecate the fact that at neither the last meeting nor the present one, had Dr. Hutchinson demonstrated his method of producing electrical-anesthesia.

"The treatment of Dysmenorrhea by the Galvanic Current."

Dr. A. Laphorn Smith, of Montreal, read a paper on this subject, in which he took the ground that dysmenorrhea is very commonly due to endometritis, rather than to stenosis of the canal. Thus, many cases are not at all relieved by rapid dilatation of the canal unless this procedure is followed by curetting or the application of iodine. From theoretical considerations he had been inclined to believe at first that the method of intrauterine galvanization which he advocated for the relief of dysmenorrhea, would result in sterility, but further experience has shown this not to be true. Apostoli quotes thirty cases in which pregnancy followed such applications. This important theoretical objection being disposed of, he felt free to urge the adoption of this treatment, as the mild currents employed, rendered it both safe and painless. If the uterus be large and the menstrual flow profuse, he would use the positive pole in the uterus; but if the uterus were poorly developed and the flow scanty, then he would prefer negative pole.

After a careful bimanual examination has excluded pregnancy, and has enabled the operator to form a correct idea of the condition of the pelvic organs the vagina should be disinfected with a douche, and a large Simpson sound, curved to correspond with that of the uterine canal, is passed through the flame of an alcohol lamp, cooled, and insulated with rubber tubing to within about $2\frac{1}{2}$ inches of its tip. Under the guidance of the finger it is then gently passed into the canal until an obstruction is met with, when a current of about 10 m. a. is turned on. The instrument soon passes on, and after a current of from 20 to 50 m. a. has been allowed to flow for about five minutes, it is gradually reduced and turned off. The sound will then usually almost drop out of itself. A boroglyceride tampon is then inserted in the vagina, and the patient allowed to go home. No precautions, such as resting in bed, are considered necessary, and as a rule, the patient only received the treatment twice a week for from three to six weeks, when the second period will usually come on without pain. When the intra-

uterine electrode is connected with the negative pole, the positive pole consists of a clay abdominal electrode. Where the positive pole is made the active one, this pole must be of platinum, carbon or zinc.

DISCUSSION.

Dr. Massey said he could endorse all that the author had said about the simplicity and safety of this treatment. He rarely saw atresia except after the use of very strong currents, or where the operator had neglected to insulate the cervical portion of the electrode. For this purpose he preferred shellac to a rubber tube.

Dr. W. B. Sprague, of Detroit, said he had very rarely failed to relieve dysmenorrhea by intra-uterine application of electricity. He preferred to use the negative pole with a current of moderate strength, and so far from producing atresia, he had relieved such as already existed. In this class of cases, he never used currents stronger than 15 m. a., and he was inclined to believe that the menstrual pain is due to hypersensitiveness of the nerves rather than to endometritis; for he had relieved the condition by currents so mild that they could hardly be expected to cure an endometritis.

Dr. P. S. Hayes, of Chicago, said he wished to be placed on record as fully endorsing the claims made in the paper.

Dr. Margaret A. Cleaves, of New York said that after an experience of six or seven years, she could corroborate what had been said in the paper. She thought the dysmenorrhea was quite as often due to pelvic congestion as to endometritis, and that this explained why it was relieved by such mild currents. A number of her patients had become pregnant within a few months and she did not believe that intra uterine galvanization caused sterility after the treatment. She greatly preferred leaving an interval of from five to seven days between the treatments.

Dr. Kellogg had found that although there was no stenosis of the canal, many cases of dysmenorrhea are associated with vegetations which he believes swell up at the menstrual period, and so produce a temporary obstruction. At any rate such cases readily yield to applications

of 10 to 20 m.a., usually with the positive pole in the uterus. Where the trouble seems to be due to simple hyperesthesia, he had found the positive pole especially effective. His experience was entirely opposed to the idea that the treatment prevented pregnancy.

Dr. C. R. Dickson believed with Dr. Cleaves that dysmenorrhea is very frequently due to simple pelvic congestion. He was glad to see that operating surgeons were showing a greater disposition than formerly to refer these cases to those who make a specialty of electro-therapeutics.

Dr. Franklin H. Martin sounded a note of warning against recommending such intra-uterine treatment too freely to the general profession. The initial step should be the making of an accurate diagnosis. If the dysmenorrhea were due to non-development of the uterus, the faradic current of slow vibration would be much more appropriate than the galvanic; if, on the other hand, it were due to tubal or ovarian disease, the galvanic treatment would result disastrously. Where dysmenorrhea is due to endometritis or stenosis of the canal, positive galvanisms to the interior of the body of the uterus only was indicated.

Dr. Walker said that when the pain was most marked two or three days previous to the appearance of the flow, he was always very suspicious of the existence of disease of the appendages, and therefore would not resort the galvanic treatment until a careful examination under chloroform had excluded such a condition.

Dr. Smith, in closing the discussion, said that he had taken it for granted that an accurate diagnosis was a pre-requisite to safe and successful treatment. Believing as he did, that in the majority of cases dysmenorrhea is due to reflex spasm of the fibres of the internal os, brought about by an endometritis, he preferred to apply a mild current *directly* to the internal os.

AFTERNOON SESSION.

"The Treatment of Subinvolution by Electricity."

Dr. Charles G. Cannady, of Roanoke, Va., read a paper with this title. The author believed that the greatest benefit

is to be obtained in the shortest time from the use of electricity. He recommended for restoring the tone of the uterus that a current of 30 m. a. be applied to the interior of the uterus for ten minutes at a time, and that this be followed by the application of the faradic current from an Engleman coil of 600 meters, using a bipolar vaginal electrode. He thought the free use of ergot during labor predisposed to subinvolution, and, therefore, when this drug had been used in this way, he favored as a routine measure, the daily application to the uterus of the faradic current.

DISCUSSION.

Dr. Hayes thought no agent superior to electricity for re-awakening the retrograde physiological process necessary to complete involution, but he preferred the galvanic to the faradic current. He more commonly employed the positive pole, as there is ordinarily a condition of undue moisture present.

Dr. Sprague did not think it made much difference whether the galvanic or the faradic current was employed, but to obtain the best results, the applications should be made on alternate days.

Dr. Massey used the faradic current chiefly in cases which had not existed for more than six months; for the more chronic forms, he preferred galvanism. He believed subinvolution to be due to microbic infection of the uterus at the puerperal period, and if the infection be due to the gonorrheal germ, the case will prove most obstinate to treatment.

Dr. Smith also thought that septic infection was chiefly responsible for subinvolution. He corroborated what had been said about the value of the continuous current.

Dr. Cannaday, in closing the discussion, said that where subinvolution had lasted for a year or more, the congestion had in large measure subsided, and, therefore, greater benefit was likely to follow negative galvanization.

"A New Intra-Uterine Electrode."

Dr. Plym. S. Hayes, of Chicago, exhibited an intra-uterine electrode made of a platinum spiral with a stilette in its centre. The objection of this special construction was to furnish an instrument which would allow of the free escape

from the uterus of the gas evolved during the Apostoli treatment. He had found that by attention to this detail in the treatment, much of the after pain could be avoided.

DISCUSSION.

Dr. Eug. C. Gehrung, of St. Louis, said that when he first employed the Apostoli treatment by galvano-puncture, he found that the gas accumulated in the tumors, and formed the basis of future abscesses; so he had constructed an electrolytic trocar and cannula, which was described and illustrated in Dr. Massey's book. It was found that the gas and fluids sometimes escaped from the tube for days after the treatment.

Dr. Massey said he had observed enormous quantities of gas escape from the cannula, but he thought most of the irritation observed after the treatment was due to the use of inflexible instruments.

Dr. Dickson thought that the tip of the instrument should be protected, and that any such spiral instrument was objectionable on account of the trauma likely to be produced during its introduction and withdrawal.

Dr. Hayes replied that there was not in reality so much difficulty in introducing and withdrawing the instrument as one would suppose who had not tried it. The evolution of gas is so great when strong currents are employed, that it prevents in a measure the adherence of the tissues to the electrode.

"A Contribution to Electro-Therapeutics in Salpingitis."

Dr. W. B. Sprague, of Detroit, read a paper on this subject. The paper contained the histories of several cases of salpingitis, in which the author had been able to introduce an electrode through the uterus and into the Fallopian tubes at a time when these tubes were distended with pus. In each case, there was a free discharge of pus and prompt relief to the symptoms. Of course, in many cases, he found it impracticable to carry out intra-tubal galvanization, but he had succeeded in other cases besides those reported in the paper, and in no instance had serious symptoms followed the treatment. His experience with this method extended over a period of three years. The treatment is necessarily of limited application, but is still extremely

useful in appropriate cases. He used a sound with a curve slightly sharper than the normal one, and was of course careful not to use any force. If after the instrument has reached the cornu of the uterus, a mild current be turned on, it will be found usually that in proper cases the instrument will soon pass on into the tube.

DISCUSSION.

Dr. Smith said that many would not believe it was possible to catheterize the tubes, but when in Liverpool, Dr. Wallace had shown him no less than six cases in his hospital at one time, in which the uterine sound had been passed into the Fallopian tubes.

Dr. M. S. Weber, of Detroit, referred to the sneering, doubting manner in which the first communication of the author on this subject had been received by the Michigan State Society, but he felt sure from what he had seen of Dr. Sprague's work, that he was to be congratulated upon what he had accomplished.

Dr. Massey said that in 1880, he brought up this subject before the Philadelphia Obstetrical Society. At that time, he had succeeded in emptying a number of tubes through the uterus. It should be remembered, however, that this was work suitable only for experts.

Dr. Sarah H. Stevenson, of Chicago, said that she had long been convinced that such treatment was feasible, but had hitherto lacked the courage to try it.

(To be continued in next number.)

Note.

NERVOUS EXCITABILITY AFTER DEATH.

Experiments made by M. d'Arsonval with an instrument which he calls the myophone proves, contrary to the older opinion, that nervous excitability may exist for many hours after death. The old test of the muscle shortening is, no doubt, not applicable long after life has departed; but as the sound given out by the myophone proves the death of a nerve is much less rapid than has been hitherto supposed, and a nerve may act on muscle, in a state of electric excitability, without producing more than simple molecular vibration.

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THE ADVANCE OF ELECTRICITY IN MEDICINE AND SURGERY.

IF we should look back two decades and observe the crude state of electrical appliances, and, again look at the present apparatus for administering electricity we are led to wonder what the future will bring forth. If one has been to the World's Fair, and observed the wonderful display in the Electricity Building, he is inclined to exclaim, what

next! But the results obtained in medicine and surgery from the use of the electric current far exceed our expectations. It has long since outgrown its narrow confines in application to simply neurotic diseases. It is one of the reliable therapeutic agents of the gynecologist, the surgeon and the physician; in fact, almost every special branch of medicine finds the electric battery among its remedial appliances.

There seems to be no limit to its power, and, yet it is a force which may be easily controlled.

It may be made an agent to destroy life, and, again it may act only as a pleasant and valuable stimulant to life, and all by the turn of a thumb-screw. That such a force should be thoroughly studied by the progressive physician is self evident. We regret that so few medical colleges have an adequate course on this branch of medical science. In fact it is but recently that Tufts College, in Boston; made the first step of any school toward establishing a special chair for instruction in electro-therapeutics, and it is to be deplored that her excellent instructor was snatched away by an untimely death.

We have recently learned through the efforts of the ever progressive Frenchman, by some hopeful demonstrations, that we may soon expect electricity to be counted as an efficient germicide. If this can be safely and effectually applied to destroy the germs of tuberculosis, what a boon it will be to mankind.

The relationship between atmospheric conditions with their effects upon disease especially the epidemic maladies have long been studied but it is not until recently that any stress was laid upon electric storms as being efficient agents to rid the atmosphere of disease germs. We trust we may learn that there is value in these theories. F. S. P.

Annotations.

RESUSCITATION IN ASPHYXIA, OR, LE PROCÉDE DE LA LANGUE, OF LABORDE.

SOMETHING more than a year ago the eminent author and surgical teacher M. Laborde, of Paris, devised a new method of resuscitation after asphyxia from any cause. Before he submitted it to the profession he first made several observations on the human being, which he elaborated more fully, afterwards, on the lower animals.

He designated the scheme *Le Procédé de la langue*, or resuscitation by manipulation of the tongue.

His success with it, and also that of others, tend to prove that it is the simplest and most efficient of all known methods.

Briefly, it consists in opening wide the mouth, seizing the tongue with a forceps and making rhythmical traction on it. Each time the tongue is brought out through the mouth pressure is made on the thorax, in other words, it is practically an accessory to other relief measures.

As the method is simple, and appears to possess very great value, it is hoped that in America it will soon come in vogue.

In the *Bulletin of the Academy of Medicine* for September 1893, Dr. Vigneau, of Salies de Bearn, reports a most interesting case in which he appears to have actually restored to life a dead body with this method (*asphyxia tetanique*). His patient was a young woman, 19 years old, who was seized with violent eclampsia two hours after labor. Several physicians were simultaneously summoned. The patient had extreme oedema of the limbs, and the attacks, in spite of heroic medication, succeeded each other with terrible violence. Vigneau freely bled her but to no avail. At this juncture three other physicians arrived; the pulse ceased to beat, breathing stopped and the patient was apparently dead. Seeing that all was over the priest and doctors left, but Dr. Vigneau lingered. He thought of Laborde's method of resuscitation, called for a needle and thread, as he had no forceps with him, pried

open the mouth, pushed the needle through the tongue and secured a loop of the thread. Now he commenced rhythmical traction on the tongue with one hand while with the other he continued interrupted pressure on the thorax.

This he continued for fifteen minutes when the patient gave a sigh gasp; these were followed by regular respirations and a return of the pulse. This young woman made a rapid and complete recovery.—T. H. M.

SALIPYRIN.

IN the *Ohio Medical Journal* for October, Dr. H. R. Bigelow, of Philadelphia, reports a case of amenorrhea cured by the use of salipyrin—fifteen grains three times a day were ordered. He attributes the result to the effect of salipyrin in repairing wasted nerve energy by restoring the nutritive power of the blood.

HYPNOTISM IN RUSSIA.

UNTIL recently hypnotism has been interdicted in Russia by imperial decree. Lately this has been revoked, and the Minister of the Interior permits its practice and authorizes its rehabilitation under the following conditions: A physician may hypnotize his patient by strictly observing article 145 of the penal code. He must notify the proper civil authorities of the application of the treatment, who will designate certain other physicians to be present when the patient is to be put to sleep. There are no restrictions on public hospitals.—*Medicine Moderne*.

PARALDEHYDOMANIA.

AFTER morphine and cocaine we will have morpho-mania, etc., but now we have another form of chronic intoxication which is designated paraldehydomania. An *Edinburg journal* mentions this as a new acquisition to our nomenclature, and as having followed in a patient who was dosed for irritability and insomnia. In spite of the disagreeable savor of the drug, it did not tend to prevent its abuse, so that, in time, the victim became so feeble that he had to be spoon-

fed. The nervous and psychical troubles were intense, nevertheless under a long course of treatment he made a complete recovery.—*Gazette of Gynecologie*.

OUR PROGRESS IN MEDICINE.

PROFESSOR MCKENDRICK, in pronouncing the opening discourse at the Glasgow University of Medicine said that by modern researches in medicine many human lives were now saved, which were formerly lost; diagnosis was more exact and a knowledge of the medical history of diseases was more deeply studied; treatment was more rational; our means to relieve pain and to make life tolerable in incurable affections were more efficient; and finally when the end came, we rob death of its agony, and our patient passes out of the world in a happy dream.

WHO FIRST OPENED WOMAN FOR DISEASES OF HER APPENDAGES

CULLINGWORTH, in his able address on gynecology before the British Medical Association, tells us that Hagar, Tait, and Battey performed resection for diseased ovaries at about the same time. It was in 1872, Hagar on the 27th of July did the first operation at Frebours, for neuralgia of the ovary with hemorrhage. Five days later Lawson Tait removed the ovaries in a case of large uterine fibroid with excessive metrorrhagia. About three weeks after Hagar's operation, Battey of Georgia operated for hysterio-epilepsy. Simms coined the term "Battey's Operation" because the latter first fully set forth its purposes and the technique of the operation.—*Gazette de Gynecologie*. September, 1893.

Book Notes.

ETUDE SUR LES ABSCESES CHRONIQUES ENKYSTES DE L'AMYGDALE. Par Le Dr. Eugene Peyrissé, Français.

Under the above title the author has contributed a monograph on a most interesting subject about which, until recently, little has been written.

The style, in common with the French

school, is classical, and the material is so arranged as to render its study and comprehension easy. He commences by giving the historical part of the subject, but with this there was little to do, hence the bibliographical extracts are few.

The tonsil, he reminds us, is composed of lymphoid tissue and an aggregation of agminated glands. Chronic encysted tonsillitis may follow consecutively upon the acute type. Heredity, lymphatism, arthritism and rheumatism, an anemic state, a tubercular tendency and cold are enumerated as the most common etiological factors. The most common age for tonsillar abscess is from fifteen to forty-six.

The influence of the streptococcus, the pyogenes aureus and the saprophytes are fully discussed.

From the symptoms of the chronic type set down by the author, we can find little or no distinction between them and those common to the acute variety. It appears, however, that there are varieties in which there are few or no constitutional symptoms; but the patient has pain in swallowing and other local disturbances. In such we are advised to search for fluctuation and to use the exploratory needle.

The prognosis and complications are each separately discussed in a brief and clear style. Many cases are cited in which, on incision, calculi of various sizes, differing in composition, were found.

The importance of a careful diagnosis is emphasized as old, chronic cases, attended with tumefaction and induration of the tonsil, have been confounded with cancer, when an unfavorable prognosis would be given.

Nothing especially new is offered under treatment. We are warned of the importance of keeping constantly in mind the relations of the deep vessels of the neck which course on their way to and from the brain in very close proximity to the almond-shaped gland.

In order to avoid hemorrhage, sepsis, and to destroy the suppurating lacunæ and pellicles the fine galvano-cautery is recommended in preference to the knife.

It is beautifully shown how cocaine, locally applied, supplies anesthesia for all the necessary surgery of the tonsil.

The monograph is a faithful outline of the present status of the pathological changes so commonly observed in chronic interstitial or suppurative tonsillitis. The only just criticism one can advance is that nothing is given on constitutional measures, either prophylactic or remedial, a mistake only too common in late years, with authors on special subjects.

Books and Pamphlets Received :

A PLEA FOR THE APPROPRIATION OF CRIMINALS, CONDEMNED TO CAPITAL PUNISHMENT, TO THE EXPERIMENTAL PHYSIOLOGIST. By J. S. Pyle, M. D., Canton, Ohio.

PROCEEDINGS AND ADDRESSES AT A SANITARY CONVENTION HELD AT STANTON MICHIGAN. Supplement to Report of Michigan State Board of Health.

Letter to the Editor.

THE FIRST PROFESSIONAL ORGANIZATION.

IN the issue of October 21, there appeared an article credited to the *Norwich* (Conn.) *Bulletin*, on "The First Professional Organization," which states "that the first step toward professional organization and protection in Connecticut was taken by Norwich physicians," who met on March 24, 1774, pursuant to an advertisement of March 3, to consider and prefer a memorial to the General Assembly to regulate the practice of physic. It is stated that "their demand was for the appointment of a committee legally authorized to examine and approve candidates if found qualified," and that "the movement, which was in advance of the age, was negatived in the Lower House." It is also claimed that this was "the initiative step in a series of efforts which have since resulted in the permanent establishment of flourishing State and National Associations, which separate the qualified physician from the 'ignorant pretender.'"

This is an interesting historical statement and, so far as it relates to Connecticut, is undoubtedly true. But it is by no means the initiative step or the earliest effort in the Colonies to organize the profession, or to regulate the practice of medicine. On June 27, 1766, eight years before the Connecticut rally, the

following advertisement appeared in the *New York Mercury*:

"A considerable number of the Practitioners of Physic and Surgery, in East New Jersey, having agreed to form a Society for their mutual improvement, the advancement of the profession and promotion of the public good, and desirous of extending as much as possible the usefulness of their scheme, and of cultivating the utmost harmony and friendship with their brethren, hereby request and invite every gentleman of the profession in the province, that may approve of their designs, to attend their first meeting, which will be held at Mr. Duff's, in the city of New Brunswick, on Wednesday, the 23d of July, at which time and place the Constitution and Regulations of the Society are to be settled and subscribed.

"East New Jersey, June 27, 1766.

On the day appointed, July 23, 1766, a large body of physicians met at New Brunswick, formed themselves into a Society to be known as the New Jersey Medical Society, adopted instruments of of association and constitution, and elected a president, secretary and treasurer. Regular meetings were held twice a year the records of which are in possession of this Society.

In 1771, the Society petitioned the Assembly for an act regulating the practice of medicine, and on September 26, 1772, the act was passed. This act required an examination in physics and surgery, approved of, and admitted by any two judges of the Supreme Court, taking to their assistance for the examination such proper persons as they should deem fit, and the Court gave a certificate of examination, without which any one (except those licensed by the crown or physicians from other Colonies) practicing in the colony was liable to a fine. It also legalized physicians fees.

In 1774, an effort was made by the Society to procure a charter, which was delayed by the Revolution, but granted by the State in 1790. There was an intermission of the regular meetings of the Society from 1775 to 1781, because the local situation of the war rendered it dangerous for members to travel through the Colony, and because, also, many of the members took an active part in the

Revolution. As soon, however, as civil government was restored, the society convened, November 6, 1781, at Princeton. The complete records of the Society have been preserved since its organization in 1766, and the Medical Society of New Jersey claims to be the oldest State Medical Society in the United States, and among the first to secure an act from its Colonial Assembly to legalize and regulate the practice of medicine. The first State law regulating medical practice in New Jersey was passed in 1783. Very respectfully,

E. L. B. GODFREY, M. D.

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CYSTITIS.

WILL you kindly assist me with the following case?

Mr. G. Y., aged 25 years, worked in a factory in New York City until about a year ago, when he was taken with the following symptoms, after having used for some time a water closet with snow and ice on the seat. Increased micturition with slight pain. Frequent desire for urinating and pain gradually increasing until very severe in a month. He then quit work and was treated by a physician for acute cystitis. He came to his home soon after, and the symptoms continued. Soon after he had excruciating pain during micturition, blood following the urine. This continued for some time. Then the hemorrhage ceased but the pain still continues. He was advised by some one to take balsam copaiba, which he says gives him more relief than anything he can take. He also states that some time ago he passed

pieces of mucus. He came to me about three weeks ago for the first time. I at first suspected stricture of urethra, but was able to pass a No. 22 French bougie which gave him intense pain. He passes four quarts of urine in twenty-four hours, alkaline, sp. gr. 10.10, pale, much albumen and pus. I was unable to detect sugar. Has no dropsy or (oedema) whatever. He is emaciated, sallow complexion, weak and debilitated, appetite fairly good. No pain in the back, slight headache, no trouble with the eyes. He is forced to pass his urine every five minutes to every hour or so, and is worse when he lies down. The pain is so severe as to make him cry out at times, when he urinates. He does not sleep well. All medicines except the balsam copaiba seem to aggravate the symptoms.

I desire a complete diagnosis, if such is possible from the description, and a treatment for the same. E. B. W.

[The man has acute cystitis of a severe type. He should be confined to his room, and to the bed whenever the symptoms are acute, avoid alcohol, spices and all volatile oils. He should drink freely of the Elkton Lithia water, and take copaiba as his stomach will bear it. Alkalies, and hyoscyamus soothe the irritability of the bladder, and are preferable to opium suppositories. Washing out the bladder, by Keyes' apparatus, is of use when done properly.—W. F. W.]

DURING the past two years I have been considerably interested in the subject of Dosimetric Medication as set forth by yourself and others.

I am the owner of your "Outlines" and your more recent "Manual."

Nearly one of the first alkaloids listed by the Phil. Granule Co. is *aconitine*, and in seeking information for the dose of this medicine, I find some discrepancies that are puzzling.

Burggraave in his "New Practical Guide," p. 167, recommends a granule $\frac{1}{200}$ gr. to a child every one quarter to half hour.

I find also in May number *Medical World*, 1893, page 161, that a dose of $\frac{1}{500}$ gr. was given along with digitaline and veratrine every half hour, for twenty-four hours, with safe and good results. I also find in your *Outlines* that the dose is put down at $\frac{1}{500}$ gr., and in your "Manual" the dose is put at $\frac{1}{1000}$ gr.

and coupled with a caution not to give more than five doses in twenty-four hours.

Though not enjoying a personal acquaintance, I have somehow got to regard your opinions on medicine and have profited thereby in the past, having used your recipes in typhoid fever, cholera-infantum and constipation.

I suppose I should take it for granted that your advice in your "Manual" is the result of your experience, but how is it that such large and repeated doses have been tolerated?

How many doses has it taken, in your experience, to effect a reduction of the pulse in inflammatory cases?

Should you find time to answer this you will confer a great favor on one anxious to use the alkaloids, etc., in an intelligent manner.

H. C. RUGG, M. D.

STANSTEAD, QUEBEC.

[The confusion is due to the variety of aconitines found in the market. Keith advertises aconitin with the dose $\frac{1}{4}$ to $\frac{1}{2}$ grain. Many manufacturers list Duquesnel's crystallized aconitine, a preparation no longer made, and which has disappeared from the markets. Other aconitines vary greatly.

I took a granule of $\frac{1}{500}$ grain amorphous aconitine, made by the Philadelphia Granule Co., and placed one-half of the granule on my tongue. The characteristic numbness was still manifest four hours later. Now I submit that a dose capable of producing such decided effects is large enough for ordinary use, and that this dose ought not to be repeated more frequently than I have stated in the "Manual." Less powerful specimens may be given more frequently. In dealing with these potent alkaloids, it must be remembered that they are sharp-edged tools, and must be handled with care. Absorption is rapidly effected, and when so much power is concentrated in so small a bulk, it is thrown upon the circulation at once, and the effect is very great. The best way is to dissolve the drug in water, and give a small dose every ten minutes till the desired effect has been secured.—W. F. W.]

Note.

A physician in Frankford, Philadelphia, desires a capable young doctor to succeed him. The practice is worth \$2500 a year.

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Frankford,

Care of TIMES AND REGISTER.

The Medical Digest.

SURGERY.

Treatment of Aneurism by Electrol-ysis.—Dr. Verhoogen, of the service of the Hospital of St. John at Brussels, tells us of two cases of external aneurism treated by electrolysis.

The first was of the temporal artery. The tumor, formed of four confluent enlargements, offered all the signs of a true aneurism—vibratory fremitus, systolic souffle, etc. After ten sittings of positive electrolysis, done by means of three platinum needles plunged into the tumor, the duration of the electric current being five minutes and its pressure five milliamperes, a sensible improvement showed itself in the condition of the patient. Fremitus and pains disappeared, the tumor softened, and cure would have been complete if the patient had not quitted the hospital before the end of the experiment.

The electrolytic power of the current consists in decomposition of blood salts during its passage through that fluid, bases going to the negative pole, acids to the positive. It is this free acid which causes the coagulation of the blood. We learn from the interesting experiments of Dujardin-Beaumetz that clots so formed are more adherent than others to vessel walls, thus avoiding all danger of embolism. During their formation they pile up on each other in cup shape, and finish by filling the aneurismal pouch.

The second case was one of an enormous vascular tumor, for the cure of which Dr. Verhoogen intended to arrange an electrolytic treatment a little different from the first.

He preferred to employ the method called interstitial electrolysis, which consists essentially in the operator using electrodes of pure copper. By electrolysis during decomposition, the blood chlorides lose chlorhydric acid, which attaches itself in the form of oxychloride of copper to the positive pole.

Thanks to its extreme diffusibility, and especially to the cataphoretic action of the current, this salt penetrates swiftly through tissues in the area of a zone situated around the needle. It is trans-

ported, so to speak, in its primary condition into morbid tissues, where it exercises a powerful action for change which is capable of producing resolution of tumors. Dr. Verhoogen has practised this method with steady success in a large number of uterine growths.

—*Revue National of Electro-thérapie Paris.*

Practical Removal of Hairs, Moles, etc., by Electrolysis.—Dr. S. Lorensen, of Racine, Wis., in the *Medical News* writes a practical article on the above subject extracts of which are as follows :

"The theory of the removal of superfluous hair by means of the galvanic current is comparatively simple; it is to insert the needle attached to the negative pole of the battery into the hair-follicle, apply the current, and dissolve the tissues, when the thing will be done. However easy this may seem, when the physician tries to make a success of it in his everyday practice he finds it by no means so simple.

I shall try to give my views of how to make electrolysis a practical success from a practical, almost daily, experience during a period of over two years.

Having a battery of the proper kind, cords, a finger-bowl for water, needle and holder, a pair of small tweezers, and a comfortable arm-chair with some appliance upon which the operator can rest his elbow, one has the essentials for the work. The chair should be placed where a good light will fall on the patient's face, a towel placed in the patient's lap, and upon it a finger-bowl about two-thirds full of water, in which is a sponge-electrode connected with the positive pole of the battery. The cord attached to the negative pole is fastened to the needle holder.

The operator will turn on two cells, seat himself with his back to the light, and sufficiently close to the patient so that he will not have to exert himself in reaching; he will then insert the needle to the bottom of the follicle, then tell the patient to dip one finger into the bowl. In inserting the needle the holder should be held with the same gentle firmness that a pen is held, the third and fourth fingers resting lightly on the skin near the hair to be removed, so as to gently steady the hand.

The first indication of results is a white froth, which makes its appearance at the mouth of the follicle, around the needle. Depending on the strength of the hair and the force of the current, the operator will judge whether the hair is loose. When he wishes to attempt its removal with the tweezers he will ask the patient to remove her finger from the water, and will then seize the hair with the tweezers and make gentle traction; if the hair makes any appreciable resistance the needle must be reinserted and the current again applied. When the hair is entirely loosened by the current a good result may be looked for.

No hard and fast rules can be laid down for doing this work, and each individual operator will be called upon to exercise his judgment in the case of each one upon whom he operates, and much of the time upon the individual hairs.

The part operated upon should be surgically clean. Next the needle should not be inserted more deeply than the bottom of the follicle. Experience will indicate when the needle is at that point by a slight sense of resistance. Should the needle be inserted too far, considerable tissue may be destroyed, and still the hair will not be loose. Another thing to avoid is passing the needle through the side of the follicle, something which experience also teaches one to recognize by the touch. If this be done and the current applied, a white spot will begin to spread around the needle; the result with regard to the hair will be the same as in the former case, and in both a vesicle may form, with some exudation of serum, and with the danger of subsequent pustulation, and formation of a pitted scar.

This rule may also be laid down, that, until the operator becomes acquainted with his case, he must be sure not to take the hairs out when they are too close together. This is a matter of a great deal of importance, for frequently patients whose time and money are limited will urge the doctor to take out hairs that are too close together to be operated upon with good results in one day, or even on two successive days.

Again, the temporary inflammation which always sets in does not fully show itself until after several hours, so that a

patient may leave the office with a face that shows comparatively little trace of the operation, but will return the next morning with that part of her face in a very sorry-looking condition. I repeat that the importance of what I have just said cannot be overestimated, for upon proper attention to this matter may depend the success or failure of the operation, at least so far as the question whether or not the patient will have a smooth face after the hairs have been removed is concerned.

As regards the duration of the operation, the amount of time at the disposal of the patient, and the extent of surface covered by the growth, are factors.

Another use to which I have put electricity in the form of the galvanic current is the removal of moles and enlarged cutaneous bloodvessels, such as are frequently seen on and around the alæ of the nose and also on the body of that organ. For convenience, I divide moles into two classes, not that the appliances for removing them are different, but that the *modus operandi* differs somewhat in each. The apparatus for removing moles is the same as that used for the removal of hair, with the exception of the tweezers.

The first class is the very common disfigurement called liver-spots, which are really pigmentary moles, or perhaps, exaggerated freckles. They are little, if at all, elevated above the surrounding surface. The method of procedure in the case of these is as follows: The patient and operator take the same positions as in the removal of superfluous hairs, the parts to be operated upon having been thoroughly cleansed. The operator now inserts the needle at the edge of the mole, just beneath the epidermis, applies the current, which should be weak, and gradually passes the needle through the growth. As the electrolysis goes on it will be observed that a loosening of the pigment takes place, and it mixes with the froth around the needle. The needle must now be worked over the entire area of the mole, taking care to go no more than deeply enough to loosen the pigment. After a few seconds the burning sensation that accompanies the insertion of the needle ceases, in consequence of the local anesthetic effect following the

application for a limited time of a comparatively weak current. The whole operation can be completed with only one puncture of the epidermis, although in small moles that is a matter of little consequence. The pigment and dissolved tissue are now left to dry into a crust, which comes off in a few days, leaving a bluish-red spot, as always happens when a bit of the epidermis has been scraped off, and which later becomes the color of the surrounding skin.

The next class of moles includes those that are elevated above the surrounding surface, and which frequently contain a number of hairs. As a rule, the first thing to do is to remove the hairs, which, if few, can be done at the same sitting the mole is operated upon, and in the manner described in the first part of this paper.

In this class of moles the needle is inserted at the base of the growth and gradually passed through it, and may be passed out at the opposite side. This is repeated until the whole base has thus been treated, the object being to cut off the circulation by electrolyzing the bloodvessels at the base of the growth.

The first sign produced in the mole will be a gradual whitening of that part external to the needle, which finally reaches an appearance of complete anemia. The electrolysis must continue until the circulation is entirely cut off. Inside of twenty-four hours the whiteness will have disappeared and be replaced by a black color. There soon follows a dried, hard crust, the time depending upon the size of the mole, which falls off in a few days, leaving a discoloration that gradually disappears.

As a rule, it is not advisable to attempt to remove a mole at one sitting, unless it be quite small, for fear of leaving a scar.

In recapitulating as to certain things which must always be borne in mind in performing any of the operations I have mentioned:

1. Do not begin with too strong a current.
2. Apply the current for a sufficient length of time.
3. Always apply the negative pole to the part it is desired to destroy.
4. Do not have the circuit closed when you insert the needle until you have

learned to know your patient *electrically*, if such use of the word may be permissible.

5. Always test the strength of your current before beginning. To do this I have found a convenient way is to touch the two poles to my tongue, having the points about an inch apart.

MEDICINE.

An Interesting Experiment.—M. d'Arsonval, the colleague of the eminent physiologist, Brown-Séquard, has just tried before several scientific gentlemen a very strange experiment. At his invitation two members of the Académie des Sciences, MM. Cornu and Marey, entered into a large wooden cylinder around which was rolled copper wire. When these gentlemen were seated inside, M. d'Arsonval sent through the wire a series of very rapid and powerful electric currents. At the end of some minutes the "patients" said they felt no inconvenience, save that they felt the necessity of breathing more deeply; yet according to scientific law they should have found themselves plunged in an electric bath which would have instantly killed them if the operator had not taken the precaution to change continually the direction of the currents. To prove that the laws of science, as known, were not in fault, M. d'Arsonval invited the two gentlemen to take in their hands incandescent lamps, isolated completely from any wire. Hardly were they in the hands of "subjects" when they lighted up as if they had been really attached to some powerful battery. To prove still further the intensity of electric currents capable of being borne by a man without danger, he gave them as many lamps as their hands could hold, and thus the two *savants* were transformed into six-branched candelabra! The experiment of the disciple of M. Brown-Séquard proves conclusively that man can live at ease in an atmosphere loaded with electricity.—*Med. Press and Circular.*

OBSTETRICS AND GYNECOLOGY.

Diagnostic Value of Electricity.—Dr. Apostoli (*Centralbl. f. Gyn.*) states

that the faradic current can differentiate between an hysterical ovaralgia and an inflammatory affection of the adnexa. In the first the current will relieve the pain, while in the second it will be of no value. Intra-uterine application of the galvanic current will indicate whether the adnexa are diseased or not by the degree of tolerance. He concludes as follows:

1. Every uterus that tolerates a galvanic current of one hundred to one hundred and fifty milliamperes has a healthy periphery, or at least for the time being there is no inflammation of the adnexa. A simple ovarian cyst does not affect the tolerance.

2. In every instance when the uterus does not tolerate a current strength of fifty milliamperes, and pain or fever follow, the condition of the adnexa is suspicious.

3. If the pains diminish in subsequent applications, then hysteria is present or a retrogression of an inflammatory condition of the adnexa has taken place.

4. If the intolerance increase and if fever set in, then there is present a purulent oophoro-salpingitis which calls for castration.

The Negative Pole of the Galvanic Current, with Faradization, as Uterine Developer. With Report of Cases.—Dr. Chas G. Cannady, of Roanoke, Va., contributes an article upon this subject to the *New York Journal of Gynecology and Obstetrics*.

The following are his conclusions:

First. That mal-development is more frequent than is supposed.

Secondly. That it is responsible for a large per cent of female diseases.

Thirdly. That a great many reflex symptoms not generally attributed to this cause are due to mal-development.

Fourthly. That faradization; followed by galvanic current, is the most reliable means we have of developing the uterus.

Note.

Much valuable Electro Therapeutic matter will be continued in the next number for want of space.—ED. T. and R.

The Times and Register.

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MEMBRANOUS CROUP, WITH REPORT OF CASES SUCCESSFULLY TREATED BY TRACHEOTOMY.

By R. M. HARBIN, M. D.,

CALHOUN, GA.

MEMBRANOUS croup is comparatively a rare disease, but almost every physician at some time or other has seen its destructive effects, and it is probably the most appalling scene he is ever called upon to witness; that of a child dying from suffocation.

Membranous croup, or pseudo-membranous croup, or true croup, may be defined as an inflammation of the mucous membrane of the larynx, or larynx and trachea, characterized by a fibrinous exudation, or a formation of pseudo-membrane.

A pseudo-membrane is an inflammatory exudate formed and coagulated upon the surface of inflamed mucous membrane with which it is not blended.

Laryngitis with a fibrinous exudation is a peculiar, separate and distinct inflam-

mation of mucous membrane and is always such from the beginning.

Etiology.—True croup is a disease most always occurring in children from two to ten years of age and is exceptionally seen in infancy. Boys are said to be more often affected than girls. It may complicate diphtheria and scarlatina.

There seems to be some confusion as to the relationship that true croup sustains to diphtheria during an epidemic of the latter; the prevailing opinion seems to be that the existence of membranous croup furnishes circumstances favorable to the inoculation by the micrococci of diphtheria, thus producing the general disease; but in localities where diphtheria is unknown, it can readily be excluded.

The common causes are, "taking cold," inhaling particles of dust, smoke, etc., exposure to dampness and cold. etc.

Pathological Anatomy.—The exudation is usually confined to the larynx and trachea, but may exist in the pharynx, on the tonsils, soft palate and epiglottis, and may extend to the larger bronchi. The false membranes are whitish, or grayish, or brownish red color, and vary in

extent consistence and thickness. The favorite seat of exudation is the vocal chords, where it nearly occludes the passage of air.

The false membrane consists chiefly of fibrillated fibrin holding in its meshes pus cells, red blood corpuscles and epithelial cells. During the course of the disease the membrane may be exfoliated and new ones reproduced.

Rod-shaped and spherical bacteria are observed.

Symptoms.—The local and general symptoms of true croup are, at first, not well marked and are the same as those of simple laryngitis. There is hoarseness or huskiness of the voice with more or less fever. The obstructive symptoms do not come on until after a few days, as a rule, and dyspnea when developed is constant and is more or less paroxysmal in character, according to the amount of spasm present, with morning remissions and evening exacerbations. Cough is stridulous and ineffective and inspiratory efforts are very labored. Shreds of membranes may be expectorated and obstruction decrease and patient recover, but this fortunate termination is rare.

If obstruction be not relieved, symptoms of asphyxia set in more or less rapidly; breathing becomes easier towards the close of life, stupor supervenes and the face becomes dusky and cyanotic.

An element in the causation of obstruction may be due to paralysis of the posterior crico-arytenoid muscles. Mucopus may accumulate in the trachea, when expectoration ceases. Convulsions may occur towards the close.

Diagnosis.—The diagnosis is of greatest importance with reference to prognosis and treatment. The diagnostic signs are insidious development; alteration of the voice; the presence of a fibrinous exudation about the pharynx and epiglottis, however, its absence does not exclude its presence in the larynx; more or less fever; and laryngoscopic examination. These symptoms taken collectively render the diagnosis usually easy.

In false croup, on the other hand, we have rapid development, usually occurring at night; and more violent symptoms.

When we see evident signs of rapid failure and constantly increasing obstruction, we may know that we have to deal

with something more than a case of false croup.

True croup should be diagnosticated from acute laryngitis, cedema of the glottis, diphtheritic sore throat, recto-pharyngeal abscess, tonsillitis, whooping cough, foreign bodies in trachea, etc.

Prognosis.—The prognosis is grave. Out of twenty-two cases analysed by Ware, nineteen died. Cases left to medical treatment almost invariably die. Most all statistics give a mortality from seventy-five to ninety-five per cent.

Treatment.—Many remedies have been vaunted for the cure of true croup, and there are some older physicians who claim to never lose a case of membranous croup with medicinal treatment, but, I rather doubt their diagnosis. The list of remedies used is, indeed, long and I will not discuss any, but merely mention them. Ice is used internally; and the cold compress externally; calomel in large and small doses; tartar emetic; the alkalies, as carbonate of potassium and sodium, liquor potassa and lime-water by inhalation; quinine in large doses; atomized liquids, as solutions of lactic acid, trypsin and pepsin, to dissolve the membrane; antiseptic sprays of boric acid, carbolic acid, and bichloride of mercury; and turpentine inhalation; pilocarpin, grain $\frac{1}{60}$ every four to six hours has been used, but is too depressant; turpeth mineral, two to five grains; inhalation of oxygen; and stimulants when necessary.

When all of our therapeutic resources are exhausted, we come to consider

Surgical Treatment.—Intubation, as advocated by Dr. O'Dwyer, of the New York Foundling Asylum, offers relief in selected cases, but is, by far, inferior to tracheotomy. It is most applicable to cases where the obstruction is confined to the larynx. I have had no experience with it.

Tracheotomy.—Tracheotomy offers more relief than any remedy at our disposal, and, I am sure, any one who has ever done the operation would feel justified in doing it again even though the patient die. To see a little patient, who has been suffering days and nights without sleep, with labored breathing increasing all the while, get sudden relief as soon as the tube is introduced and sink into

a restful sleep, for ten to twelve hours, is something very much to be desired.

It is true that tracheotomy is a difficult and dangerous operation to perform, but it is done as a last resort, and no cases are too hopeless for its performance. If the patient dies it promotes an easy death. Prof. Billroth regards it one of the most difficult and dangerous operations the surgeon is ever called upon to perform. The best statistics give a mortality of about seventy-five per cent., but in these diphtheria exists as a complication and adds to the danger of the operation.

Tracheotomy admits air into the lungs and furnishes a means of expectoration. It keeps the patient alive until the fibrinous exudation resolves into a more liquid, muco-purulent mass, which is finally expectorated through the tube. I think that when tracheotomy is done where there is no infectious disease, and is done when the patient is not too far gone, it should be considered a more hopeful surgical procedure. Dr. J. Lewis Smith says, that "when it is properly performed, and at the proper time, with judicious after treatment it rescues many children from a most painful death." Most authorities advocate that tracheotomy should be done when the diagnosis of membranous croup becomes positive.

The instruments necessary are not numerous. Of course, it is more convenient to have a tracheotomy case, but, it is essentially necessary only to have a tube in addition to your general operating instruments. The tube that seems to answer best is that originally devised by Trousseau, consisting of two concentric silver tubes, the outer one being fenestrated. Having tubes double is a matter of convenience in cleaning. We next need two sizes of scalpels, as found in general operating cases. As a substitute for two blunt hooks, made for the purpose, we can use a tenaculum and aneurism needle, for holding the edges of the wound apart. A number of artery clamps are necessary. A uterine tenaculum, which every physician has, may be used for fixing the larynx during the operation. We need, also, grooved directors and ordinary pigeon quills for removing expectoration through the tube. The assistants should be explic-

itly informed as to what they will be required to do.

The patient should be given a little whisky and placed upon the table in a well lighted place, or, if at night, a good light is very necessary. Tying several burning tallow candles together makes a good light.

Chloroform should be given, cautiously at first, and when the patient is under its influence the neck should be scrubbed and cleaned and a round wine bottle put into a stocking should be placed under the back of the neck. The hands and instruments having been treated antiseptically, the parts should be carefully mapped out.

Of the two operations, superior and inferior, the superior has the preference, as the trachea is nearer the surface and the operation is more easily done. The ring of the cricoid cartilage should be sought for and an incision about three-fourths inch long should be made from this point downwards. Haste will make the operation more difficult.

After making the incision through the skin the dissection should be done with the point or handle of scalpel. When the lobe of the thyroid gland is reached it should be pushed aside. At every step the finger should be used freely as a guide to the position of the parts. I prefer ragged edged to clean cut incisions as hemorrhage will be less likely to occur.

When the dissection has reached the trachea, hemorrhage having been checked, the trachea should be opened from below upwards, which, when done, is indicated by bubbles of air. The wound should be sponged constantly. An aneurism needle may be introduced into tracheal wound and will facilitate introduction of the tube. When the tube is in situ there is immense relief to both patient and surgeon, the little sufferer sinking into a restful slumber for ten to twelve hours, being disturbed only by cough and expectoration. A feather should be introduced into the tube occasionally and trachea to stimulate cough and expectoration. The tube should be secured with tapes around the neck, and iodoform dusted upon the wound.

After Treatment.—The after treatment is probably more important than the

operation itself. The patient needs constant attention day and night, and I know of no condition where skillful nursing is more necessary. The room should be kept at a uniform temperature from 60 to 70 F., and the tube moistened every few minutes with a feather dipped in lime water. It keeps the tube clean and makes expectoration, which is very tenacious, through the tube more easy, besides the lime water, when allowed to trickle down the tube, liquefies the expectoration.

There should be a constant attendant to prevent the muco-pus from being drawn back when once expectorated. By careful assistance to the patient it is remarkable what an amount may be expectorated in this way.

Broncho-pneumonia is the most dangerous complication and is usually denoted by a rise in temperature on the second or third day, but this danger is to a great extent, eliminated by keeping the room at an equable temperature, by promoting free expectoration and by enveloping the chest in a turpentine and camphor on flannel stupe. The lungs should be examined from time to time.

The tube should be removed about the seventh or eighth day, but the character of expectoration will serve as the guide. The false membrane breaks down into a muco-purulent liquid and is expectorated. When the expectoration gets to be less purulent and lighter color the tube can then be safely removed. The patient does not need any medicinal treatment, unless some complication arises, and should be confined to a liquid diet.

After the removal of the tube, the wound should be cleansed and its edges drawn together with strips of adhesive plaster. I find an additional advantage by making two small rolls of cloth, about 1-6 an inch in diameter and placing them on either side of wound and over these the plaster is applied for two or three days. The advantage of this is that the bottom edges of wound are first brought together. The wound should be cleansed, new plasters applied every morning and dusted with iodoform. It heals up usually in from five to seven days.

I have two cases to report, both being successful, and while they may not be of much statistical value, I think by a study

of them some practical information can be derived. In both cases the operation of tracheotomy was done as a last resort.

CASE I.—E.M., a well-developed four-year-old girl. Previous health and family history good, but had had more or less inclination to croup. Was called to see the patient with another physician on September 23, at 11 A. M., who informed me that she had been suffering four or five days with croup and had gradually grown worse all the while. The paroxysmal element was very slightly marked and she had a rise of temperature from 100° to 101°. Expectoration had been scanty, very tenacious and seemed to contain shreds of a fibrinous nature. No microscopical examination was made. Inspection of fauces revealed only a state of hyperemia. The voice had advanced from a huskiness to an almost complete aphonia.

When I saw her we realized the gravity of the case and went through our whole list of remedies, but to no effect. I placed calomel grains fifteen upon the child's tongue, but there was no perceptible effect. I left at 12 o'clock, with directions to push the emetics and keep the room filled with vapor of boiling water saturated with turpentine, and to use cold compresses to the throat. I expected to return in four hours, but was delayed, and did not return until six hours. I then found the child sinking rapidly. She had had several paroxysms, in which there was developed duskiness of face and cyanosis.

We informed the parents that the case was hopeless, and explained that a surgical operation was the only thing to be done, which offered a very slight chance for the child, but also told them it would enable the child to die easy. They having consented, we proceeded with the operation as above detailed. The patient now was semi-conscious, pulse 140 and scarcely perceptible, lips and finger nails decidedly purple and breathing less laborious. The details having been arranged and a good light secured, the patient not being conscious of surroundings, was placed upon the table, and I had made an incision through the skin before the child made any resistance, then a few whiffs of chloroform were given. The trachea was reached after some difficulty, owing to the amount of adipose

tissue present, the larynx having been steadied by a uterine tenaculum. Hemorrhage was very slight. The operation was done in about twenty minutes, the tube having been introduced, the breathing now became tranquil. A feather was introduced repeatedly to stimulate cough and expectoration. The patient now was very weak, apparently lifeless and pulse scarcely perceptible. Hypodermic injections of brandy, milk and brandy enema, and warmth by bottles of hot water were resorted to. Patient revived in five hours and was able to swallow a little milk. The feather and limewater were used every few minutes and occasionally were introduced into the trachea. Expectoration was very tenacious, ropy and tough, but was very profuse. The left lung seemed to be markedly involved, as indicated by loud ronchis and suppression of respiratory murmur, but this had disappeared at the end of the second day, owing to the quantity expectorated. Temperature on evening of the first day was 102° F., on the second 101°, and on the third was very slight. Tube was removed on the fifth day, but I was sent for in twelve hours, the difficulty in breathing having again returned. I replaced the tube and allowed it to remain four more days; it was then removed and adhesive plasters applied. Strange to say, the child would never consent for the tube to be removed, knowing the relief it afforded. The wound healed nicely in a week and voice returned to normal in ten days. The patient made a good recovery and has been well ever since.

At this date she has not had any symptoms of croup and a very small scar now remains which is scarcely perceptible.

CASE II—C. D., age 3 years and 2 months; a well developed and stoutly built boy. Previous health excellent and had never had croup. Tonsils were somewhat enlarged; I was called to see him in consultation with Dr. J. H. Malone on January 19, 4 A. M., who informed me that the child had been sick about twelve days with hoarseness and symptoms of a cold, the snow then being ten inches deep. Four days previous to the time I saw him, his symptoms had improved and his voice had become less hoarse, but the next day hoarseness had

set in again and the obstructed breathing had steadily increased. There had been some febrile movement.

Breathing now was very labored and the voice was reduced to a whisper.

Inspection of the throat revealed a state of hyperemia and a slightly swollen condition of tonsils, but no fibrinous exudation could be seen.

Emetics had been given and produced free vomiting, but it gave no relief to the difficult breathing. Compresses and poultices and a kettle of water to which lime and turpentine had been added, was kept boiling constantly in the room. Turpeth mineral grains 2 every two hours was given until it produced free emesis and several evacuations. Pellets of ice were given. From these the patient got no relief but steadily grew worse and the difficult breathing became more paroxysmal. At 3 P. M. our remedies had not availed anything, the pulse had become very weak and frequent, and in several paroxysms of dyspnea a convulsion seemed imminent. It was realized that the vital forces were rapidly vanishing and if a convulsion developed, the case would be absolutely hopeless and death would occur before an operation could be performed. We having decided that tracheotomy offered the only chance for the child, laid the matter before the parents for approval, and with their consent we proceeded with the operation.

The patient's neck was very short and thick and had an excessive amount of adipose tissue and parts being mapped out with difficulty. Doctors Malone and Chastain were present, chloroform was administered, and the neck scrubbed and cleaned. An incision about three-quarters of an inch long was made, commencing above at the edge of the cricoid cartilage. The larynx was fixed with a tenaculum and the tissues were dissected away slowly with the point of the scalpel. When the trachea was reached, venous hemorrhage was very profuse and the operation was somewhat delayed, but this was checked by using hot sponges. The trachea was then opened from below upwards and the tube inserted. Having only one silver trachea tube I used the smaller or inner one alone as the outer was too large. Oozing continued, but was finally stopped by sponging. Hav-

ing secured the tube with some tapes, a hypodermic injection of brandy was given, as the patient was weak. Breathing was now easy and the little fellow was put to bed and slept fourteen hours, not having slept any in three or four days. He was disturbed occasionally by cough and expectoration, and in the meanwhile the tube was kept continually moistened with lime water, a few drops being allowed to trickle down into the trachea. The room was kept at a temperature of 60 to 70 F. and the patient given a liquid diet in small quantities. Expectoration was very deficient for the first twenty-four hours and temperature rose to 140° and pulse to 140. The left lung seemed to be affected.

From this period the expectoration began to be more profuse, at first very tenacious and stringy, but towards the end of the third day it became more liquid and muco-purulent. On the second day the temperature was 103°, on the third 102°, and afterwards steadily diminished. It seemed that the intensity of the fever was in inverse proportion to the amount of expectoration.

On eighth day the purulent qualities of the sputa had about disappeared and the tube was removed. The adhesive plasters were applied, as previously indicated, and the wound dusted every day with iodoform.

Expectoration continued several days through the wound, which healed up in a week, and the voice became normal in about twelve days.

My conclusions from personal observations are:

That membranous croup is almost invariably fatal without surgical treatment, and with medicinal treatment but little can be hoped for.

That any hope for an expectant plan of treatment is *nil*, and for the few cases that recover without surgical treatment do not demand a consideration.

That tracheotomy is a justifiable surgical procedure and should be performed in all cases where our therapeutic resources have been exhausted and the patient is in imminent danger of suffocation.

That tracheotomy should be performed in all hopeless cases since it either offers

a chance for the patient or it promotes euthanasia.

That, if the operation should happen to be performed when not absolutely necessary, the patient would get well, for it is usually the complications that kill and not the operation.

That statistics are misleading and do not do the operation justice. For if it was done earlier in the disease, after giving medicinal treatment a fair trial, and if we should eliminate the danger of infectious diseases, as diphtheria, from statistics we would have a greater percentage of recoveries. In our smaller towns we can easily exclude the diphtheritic complication where diphtheria is unknown. But in cities that is not the case, however.

That the after treatment is more important than the operation itself.

That tracheotomy keeps the patient alive until the pseudo membrane resolves into a muco-purulent liquid and is expectorated.

That in all human probability the cases I have reported would have died without the operation.

That a lack of instruments is no excuse for the non-performance of the operation, for every physician can supply himself with a tube, in addition to his other instruments.

As to the details of the operation I wish to emphasize the following points:

1. That ragged edge is preferable to clean cut incisions. The tissues should be lacerated as much as possible with point of knife so as to prevent hemorrhage.

2. That haste makes the operation more difficult.

3. The importance of keeping the tube constantly moistened with limewater and keeping the room at an equally temperature.

4. That the tube should not be removed until the purulent character of the sputa ceases, which is about the eighth day.

5. The importance of applying adhesive plasters over two small rolls of cloth applied on either side of wound so as to press the bottom edges of the wound together for the first few days, thus preventing any danger of tracheal fistula.

Since preparing this paper I have had occasion to do tracheotomy in another instance for membranous croup, viz: Was called at noon to see E. H. a delicate and nervous boy seven years old who had been subject to croup all of his life, and had had convulsions. He had had croup for twenty-four hours previous to the time I saw him, but was not sick enough to go to bed. The paroxysms of croup were very severe and lasted about an hour but was partially relieved by the usual remedies. Labored breathing was now considerable, and increased until six o'clock when another paroxysm appeared and life seemed to be almost extinct, face dusky and cyanotic, pulse 40, and barely perceptible. Slight reaction was obtained and tracheotomy was decided upon. The patient was sinking rapidly and the operation had to be hurried, with a lack of proper assistants. The tube was introduced with difficulty as the windpipe seemed to be unnaturally small. He revived slowly from the operation, but the labored breathing was greatly relieved; however, respiration was not easy and natural, as there was a spasmodic jerk in inspiration, the temperature rose and patient died thirty hours after the operation in a convulsion.

DISCUSSION.

J. R. Rathmel, Chattanooga, emphasized the uncertainty of the diagnosis between diphtheria and membranous croup, and almost certainty of death.

W. F. Westmoreland, Atlantic, thought the paper valuable, as it called attention to the value of surgical interference. The surgeon was generally called too late. Tracheotomy, in itself, is not a dangerous operation. He had used cords, fastened in the edges of the wound and tied behind the neck, and thought this practice resulted more favorably than with the use of the tube.

H. B. Wilson, while in the Children's Hospital, N. Y., treated twenty-two cases of diphtheria, and all these died except two, in which tracheotomy had been performed; in another epidemic, out of forty cases there were but few deaths.

Frank Trester Smith, Chattanooga, thought the operation of little danger. In the statistics, death is ascribed to the operation instead of the cause for which

it was performed; for foreign bodies, the statistics are good. The operation adds but little to the danger of the patient.

H. Berlin, Chattanooga, said that the experiment on dogs in which croup had been artificially produced, showed that the effects of early operation were good. There was little danger from the operation itself.

ON THE TREATMENT OF INFLAMMATORY CONDITIONS OF THE URINARY ORGANS.

By LOUIS LEWIS, M. D., M. R. C. S.

PHILADELPHIA, PA.

IN affections of the kidneys, bladder and urinary tract in general, whatever tends to free the urine from epithelium, threads of mucus, pus corpuscles, earthy phosphates, uric acid, etc. and render it more copious and less irritating, should prove a factor in the relief of the congested or inflamed mucous surface over which it has to pass. Three agents have this mysterious property more or less in common, *chloride of ammonium*, *compound spirit of lavender*, and *glycerine*; and a mixture holding these in suitable proportions, is very useful, aided by liberal potations of barley-water. The act of micturition becomes devoid of pain, and the turbid, murky, or purulent urine of ureteritis, cystitis, prostatitis, and urethritis is rendered, smooth, clear and transparent. *Chloride of ammonium* is but little decomposed in the system; some passes by way of the skin and saliva, but most of it reaches the bladder, and appears to clarify the urine, and relieve vesical irritability, and chronic enlargement and inflammation of the prostate. *Compound spirit of lavender* possesses the same remarkable property of transforming muddy highly-charged urine into a clear fluid, no matter what may have been the cause of its cloudiness, whether renal, vesical, or urethral disorder. Just why it should so act, is, in the words of Dick Swiveller, "a most inscrutable and unmitigated staggerer;" but the fact remains. Possibly the red sandalwood in the lavender compound, being a "distant relation" of yellow sandalwood, may possess, as a family characteristic, somewhat of the

latter's influence over muco-purulent discharges. Oil of lavender passes readily into the blood, and most of it escapes by the urine, the balance through the breath and perspiration. *Glycerine* is not broken up in the system, but reaches the urine unchanged, and alleviates dysuria by making the excretion limpid and greasy; it is therefore available in the expulsion of gravel, in simple urethrites; and in gonorrhea. These three agents may be palatably combined in the following proportions: ammonii chloridi ʒij ; spirit of lavand. comp. Fʒj ; glycerin. Fʒj ; aq. dest. ad. Fʒviii . Sig.—two tablespoonfuls three times a day. Apart from actual disease, many nervous and hypochondrical persons are quite disconcerted when they see mucous threads, epithelium, or other manifestations in their urine; a few doses of this mixture will soon restore their equanimity. With respect to the ordinary victims of gonorrhea, (though little deserving of *respect*), the subject of treatment has been too amply aired to call for comment here; but the demoralized Benedict, a not infrequent applicant for aid, is in a desperate hurry, and is usually willing to abide by more irksome directions than the usual run of patients, in order to avoid domestic “imbroglios.” In such cases I prescribe a full dose of calomel at once, and enjoin complete repose in bed or on a couch for at least two days. In my experience, there are no specific agents in the treatment of this disease that can be favorably compared with cubebs and sandalwood; and the addition of aconite helps to control ferbile disturbance and disposition to epididymitis (which sometimes declares itself earlier than usual). My chosen formula runs thus: Ol. santal flav. Fʒij ; ol. cubebæ, Fʒiss ; tinct. aconiti radice ad. Fʒss . Sig.—shake well, and take five drops on sugar, every hour. This dose might be dispensed in capsules at bedtime, a mixture of liquor potassæ, bromide of potassium, and tincture of hyoscyamus generally relieves pain and invites sleep. If the latter is disturbed by chordee (which also occurs in the beginning of some cases), a belladonna plasters, applied over the upper lumbar vertebræ, where the reflex centre for erection is situate, will lessen the tendency to priapism and also do much to prevent retention of urine.

The above treatment, with the chloride of ammonium mixture about three times a day, will soon fit the patient for the use of injections, which are, after all, indispensable, in the large majority of cases. Their name is legion, including a vast number of astringents and antiseptics; but I have had the best results from bismuth and zinc in the following combination. bismuthi subnitrate, ʒvi , zinci sulphat, gr. xij ; morphici sulphat, gr. ii ; pulv. gum. acaciæ, ʒij ; aquæ Fʒvii . A small syringeful every four hours. By this method, I have many times secured speedy success, often in a few days; but the main difficulty is to find patients willing and able to follow the directions, more especially in regard to rigid rest.

Society Proceedings.

ABSTRACT OF THE PROCEEDINGS OF THE THIRD ANNUAL MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

AUGUSTIN H. GOELET, M. D., *President*.

Held in Chicago, September 12, 13 and 14.

DISCUSSION.

(Continued from last number.)

“WHAT are the possibilities of electricity in the treatment of fibroid growths?” Those participating in the discussion were asked to do so under certain specific heads.

Dr. Kellogg opened the discussion. He said that the improvement in the general health observed was due to the influence of the electric current on the abdominal sympathetic. The growth could be arrested, and in certain cases near the menopause, retrograde changes could be expected. He had on a former occasion reported a series of fifty cases, in seven of which, the tumor disappeared. Since then, he had not been quite so fortunate. No one would think of employing anything but the constant current except for the relief of pain. He usually employed a coulombmeter in conjunction with the milliamperemeter, thus avoid-

ing troublesome calculations. His personal experience had led him to think that the phlebitis sometimes excited where very powerful currents are employed is a decided help in bringing about retrograde changes in the tumor. He would not employ this treatment in rapidly growing tumors unaccompanied by hemorrhage, in rapidly growing tumors appearing after the menopause, where ovarian cysts accompany the fibroid tumor, where the application is followed by inflammation, and in cases which do not show improvement after a reasonable trial. Recently he had been employing milder currents because they caused less inconvenience, and admitted of more frequent applications. Seventy-five per cent. of his cases had been symptomatically cured; in 55 per cent. the tumor had been very much reduced, and in 14 per cent. it had entirely disappeared.

Dr. Felice La Torre, of Rome, Italy, sent a contribution to the discussion. The galvanic current, in his opinion, certainly arrests hemorrhage, but the diminution in size of the tumor was rare. He discussed a number of theories as to the action of the current, and concluded that it acts chiefly in two ways, viz: (1) by causing energetic contraction of the uterus, and in this way causing compression of its vessel and arrest of hemorrhage; (2) by producing a disturbance in the molecular interchange of the elements of the tumor, by which the nutritive juices are transformed into peptones or other substances which are absorbed or eliminated by the kidneys, thus giving rise to absorption of the fibroma.

Dr. A. Laphorn Smith had found that this treatment arrests hemorrhage, even in very desperate cases, and the general health is at the same time improved. In about half of his cases there was arrest of growth, and in about half of these, the tumor had diminished in size. In only one case was he sure that the tumor had entirely disappeared. The treatment is contra-indicated when there is reason to believe there is pus in the tubes. He favored the use of mild currents, and the sittings not oftener than twice a week.

He had never given in any one case of this kind more than one hundred applications, and he usually observed marked

improvement after about fifteen applications.

Dr. Cleaves said that she had found the treatment of especial value in intra-mural growths, and that in this class of tumors the pressure symptoms are invariably relieved, the general health improved, and in hemorrhagic cases there was an arrest of the hemorrhage. In a limited number of cases there was some anatomical retrogression, but in no instance had she observed a complete disappearance of the tumor. She believed that the arrest of hemorrhage was as largely due to the cataphoric action of the current as to the chemical cauterization. She called attention to the experiment made by Mr. Stewart, of Owen's College Laboratory, by which he had demonstrated the increase of liquids at the negative pole and also an accumulation of salts at the negative pole. In order that there should be such an accumulation, it was necessary that first there should be a decomposition and redistribution of the salts, fibroid tumors and inflammatory products, are rich in salts especially in chloride of sodium, and are very largely dependent upon the presence of these for the maintenance of their nutrition and growth. The experiments to which she referred, go to show that the removal of considerable proportion of the salts, even if that removal were temporary would result in the destruction of the tissue, while the removal of a small proportion would effect its nutritive activity. She had also found the induced and static-induced currents of very great value as an adjuvant to the treatment of fibroid growths by means of the constant current. Cases in which the static-induced currents of very great value as an adjuvant to the treatment of fibroid growths by means of the constant current. Cases in which the static-induced had been used, noted a marked sense of well-being, bouyancy, lightness, not only in the pelvis, but in the entire abdominal region.

Dr. Massey said that in a series of eighty cases, in all of the thirty-four hemorrhagic ones, the hemorrhage was controlled; in ten, the growth was simply arrested; in forty-nine, there was distinct retrogression; and in seven, the tumor disappeared. The average current strength was 50 to 130 m. a., and the

duration of the active treatment varied from six weeks to three months.

Dr. Engleman has had much the same experience as the other speakers. He did not doubt that the tumors could be reduced in size provided they were placed under treatment at the proper time; but he was also compelled to admit that he had seen some very large tumors disappear without any treatment, and this had been the experience of other surgeons. We should be very careful not to employ electrical treatment if there is reason to suspect that the tumor had already begun to undergo malignant metamorphosis, for under such circumstances electricity will certainly aggravate the condition.

The President said that one of the principal uses of electricity in some cases of large tumors is to so improve the general health of the patient when it is so much deteriorated as to admit of operative procedures when they are demanded. He had observed considerable retrogression in favorable cases, but had never seen a complete disappearance of the tumor. It was almost always possible to effect a symptomatic cure. He preferred strong currents and short sittings, and did not think much could be accomplished in less than six months. In recent growths, and in myomata, he would expect retrogression. He advocated the use of the positive pole in myomas and where hemorrhage was a symptom, and the negative pole in fibromas. He called special attention to the danger of producing stenosis even with negative applications of only 50 m. a. when the cervical canal is included in the action exerted by the current.

Dr. Hayes thought a useful adjuvant to the ordinary Apostoli treatment consisted in applying the static induced current by means of abdominal and vaginal electrodes.

IMPROVEMENT IN ELECTRO STATICAL INFLUENCE MACHINES.

Paper by Dr. Wm. James Morton. The improvements related to important points in mechanical construction and to utilizing Dr. Morton's discoveries for converting statical discharges into currents. There are two directions in which influence machines are of use to physicians,

one the spark and its modifications, the other the Morton currents. The former are familiar to all, the latter exhibit the phenomena of high frequency. High potential currents are familiarized by the labors of Tesla, Elihu Thompson and D'Arsonval.

As a result of continued medical work for thirteen years with statical machines, the writer had had constructed by the Galvano-Faradic Company, of New York City, a machine which embodied in his opinion every modern advance. It was fundamentally of the Wimshurst-Holtz type; it had eight revolving plates, each one thirty inches in diameter; it was provided with a simple device, by aid of which, the physician could employ at will, the spark, spray, static induced and the transformer current. In its present shape the new machine answered every purpose in the medicine to which influence machines could be put. It was known as the Morton-Wimshurst-Holtz Machine.

EVENING SESSION.

Dr. William J. Morton exhibited a new transformer for use with influence machines. The transformer consists of two flat spirals placed in an ebonite box containing oil. The static induced current is led into one coil, and from the secondary coil the current passes to the patient. This current produces a peculiarly vigorous but painless muscular contraction.

Dr. Morton also exhibited a helmet such as was employed by Charcot in the treatment of disease by means of rapid percussion. The vibrations are produced by a small electric motor. The application of this helmet uniformly and almost immediately relieves the sensation of fatigue, and in some cases it will relieve, at least temporarily, most excruciating neuralgic headaches.

Dr. E. H. Woolsey, of California, called attention to the fact that the relief was probably obtained through the agency of the spine, and was similar to the relief experienced by some when riding on horseback or on a railroad.

"Faradization as it was, and as it is with the Controllable and Recordable Current, as provided by a New Apparatus."

Dr. George J. Engleman, of St. Louis,

read a paper with this title. The author described his method of separating the interrupter from the faradic coil so that the current of the latter may be independent of the slow or rapid action of the vibrator. The apparatus is provided with a comparatively slowly revolving wheel by which one can easily compute the number of interruptions. In view of the fact that the full current from the fine wire coil is scarcely bearable when the interruptions are 2000 to 3000, and yet when they are 15,000 the current is scarcely perceptible, the importance of determining the rate of vibration is evident. Personally, he thought the useful limit was 50,000 interruptions. Again, where the external irritation is desirable, a short coil of fine wire is required, whereas an entirely different construction is needed for producing a sedative effect. In addition to noting the number of vibrations of the interrupter, it has been found that the essential points to be recorded are the resistance, the number of windings, and the fineness of the wire.

DISCUSSION.

Dr. Massey remarked that a very objectionable feature of the ordinary faradic apparatus is the rapid oxidation of the contact surfaces of the vibrator.

Dr. Herdman said that this objection had been done away with in the new apparatus, because the rubbing of the contacts on the brake wheel sufficed to keep these surfaces bright. He did not think the physiological limit of such an apparatus had yet been determined.

Dr. Engleman replied that he thought the physiological limit had been reached, for experiment had shown that the best physiological effects were obtained when the number of windings did not exceed thirteen thousand.

The following papers in the absence of the writers were read by title :

"Notes upon some uses of Galvanism in Surgery." By D. B. D. Beaver, M. D., of Reading, Pa.

"An Unconsidered and Important Factor in the Explanation of the Action of Electricity in Uterine Disease." By Henry McClune, M. D., of Cromer, England.

"The Present Position of Electricity in the Treatment of Ectopic Gestation."

By A. Brothers, M. D., of New York City.

"Uterine Displacements and their Treatment by Electricity." By G. Betton Massey, of Philadelphia

"Synovitis treated by Cataphoresis." By F. H. Wallace, of Boston, Mass.

"The Primary Action of the Galvanic Current on the Blood." It increases the amount of ozone it contains, as shown by chemical tests of the blood in the arteries." By J. Mount Bleyer, M. D., and M. M. Weil, M. D., of New York.

"The Use of Static Electricity in Incipient insanity." By W. E. Robinson, M. D., of Albany, N. Y.

"The Conservation of Energy as a successful Factor in Electro-Therapy." By Horatio R. Bigelow, of Philadelphia, Pa.

Dr. W. J. Herdman, of Ann Arbor, was elected President, and Dr. Margaret Cleaves, of New York, Secretary; Dr. Franklin H. Martin, of Chicago, and Dr. A. Laphorn Smith, of Montreal, Vice-Presidents; Dr. R. J. Nunn, of Savannah, Ga., Treasurer, for the ensuing year. It was decided to hold the next meeting in New York City, on the last Tuesday in September, 1894.

ABSTRACT OF ANNUAL SESSION OF THE TRI-STATE MEDICAL SOCIETY.

Chattanooga, Tenn., October, 1893.

First Day, Tuesday, October 17, 1893, Morning Session. Meeting was called to order by President, Richard Douglas.

Prayer was offered by Rev. John A. Stevens.

A new constitution was read by the Secretary and made a special order for Thursday morning.

A paper by J. W. Russey, of Chattanooga, was read, entitled :

"Treatment of Puerperal Mastitis."

The substance was that compression is of more general utility than any simple measure, both prophylactice and curative, and if abscess forms, pus should be evacuated early and perfectly.

J. A. Goggans, Alexander City, Ala., read a paper entitled :

"Treatment of the Diseases of the Uterine Appendages," and presented specimens of ovaries.

The treatment of this condition was given: 1st, By local treatment. 2d. Amputation of the cervix. The three principal points of diagnosis in disease of the uterine adnexæ are: 1st. Repeated attacks of peritonitis. 2d. Repeated hemorrhages. 3d. Pain. Indications for operation: 1st. Those attending pelvic peritonitis, accompanied by tortuous and distended tubes, which may usually be felt in Douglas' pouch, behind the uterus. 2d. The physical signs of enlarged and tender ovaries due to chronic abscess. 3d. The physical signs of prolapsed and tender ovaries accompanied by irregular hemorrhages and incapacitating pains. 4th. Some few cases of dysmenorrhea as the principal symptom. 5th. Where hemorrhage is the principal symptom, accompanied by the ordinary signs of grave pelvic disease. 6th. In a few cases of general peritonitis preceded by the symptoms of rupture of a pre-existing pelvic abscess, ovarian abscess, pyo-salpinx, or abscess in the appendages developed during the progress of puerperal septicemia. Adjourned.

Afternoon Session. R. M. Harbin, Calhoun, Ga., read a paper entitled: "Membranous Croup, with Report of Cases Treated by Tracheotomy."

This paper is published in other columns of this number of the **TIMES AND REGISTER.**

G. A. Baxter read a paper entitled: "Treatment of the Omentum in Hernia Operation,"

in which he advocated the removal of the redundant omentum and reported a case, in which a very large hernia consisting only of omentum was removed, weighing four pounds. The omentum was shown, also, the patient.

J. R. Rathmell of Chattanooga read a paper entitled:

"Serous and Watery Discharges during Gestation, their Source and Significance."

The author believes that the profession has been mistaken in accepting the theory these discharges were from the amniotic sac. Rupture of the sac is always followed by the expulsion of the fetus. There are two other sources from which these discharges can come: 1st, from the cervix; 2d, from the decidua.

Night Session.—A paper was read by

R. M. Cunningham, Birmingham, Ala., entitled:

"Recent Observation of Croupous Pneumonia, with Special Reference to Prophylaxis and Treatment."

This paper was largely statistical, based on an epidemic among the convicts at Pratt Mines.

A paper was read entitled:

"Some of the Diseases of the Female Urethra," by J. C. LeGrand, of Anniston, Ala. The paper related cases in which relief had been experienced from treatment, and others in which no treatment was of any avail.

Adjourned.

Second Day, Wednesday, October 18, Morning Session.—Opened with prayer by Rev. C. G. Jones.

W. Frank Glenn, of Nashville, read a paper on the

"Treatment of Septic Bubo."

He treats the cause of gonorrhea or chancroid, and makes direct applications to the glands. He advocates rest, the application of ice, the injection hypodermically of 1 per cent. solution of benzoate of mercury, and a compress bandage. When suppuration has taken place, free incision, etc. It would be best to excise the gland as quick as it becomes inflamed. After suppuration the case must be treated as a chancroid.

Dr. J. B. Murfree read a paper on the "Diagnosis and Pathology of Fractures near the Elbow Joint," which was a résumé of the subject.

T. Hilliard Wood, of Nashville, read a paper on

"Pathology of the Sequelæ of Purulent Inflammation of the Middle Ear."

The doctor spoke of purulent median otitis, as a cause of mastoid periostitis, mastoiditis, meningitis, cerebral abscess, phlebitis and pyemia.

G. C. Savage, of Nashville, read a paper entitled:

"Treatment of the Sequelæ of Purulent Inflammation of the Middle Ear,"

in which he advocated measures preventive of the sequelæ of inflammation of the middle ear, outlining his treatment: for the relief of pain, the free and frequent use of a solution of chloroform in olive oil, one dram to seven, allowing the solution to remain in the ear ten minutes at a time; when there is a dis-

charge, the use of a warm solution of peroxide of hydrogen, letting it remain in the ear until bubbling ceases, and repeating this as long as there is any bubbling.

Afternoon Session.—Willis F. Westmoreland, of Atlanta, read a paper on "Treatment and Prognosis of Fracture about the Elbow."

He flexes the arm at a little more than a right angle, in a position of rest. This is the best position to prevent deformity. In fractures of the olecranon process, it is not best to extend the arm fully. He uses plaster of Paris bandage.

Dr. Richard Douglas delivered the President's address:

Responsibilities of the Abdominal Surgeon.

As President, he advocated that a committee should select two or three members to write on selected subjects for the next annual meeting. He also thought it would be better if the society would change its place of meeting, annually. He emphasized the necessity of thorough training, cleanliness, proper diagnosis, and realization of the responsibility on the part of the abdominal surgeon.

W. E. B. Davis, of Birmingham, Ala., read a paper entitled:

"The Treatment of Stone in the Biliary Ducts," in which he advocated in those cases where it was difficult to remove the calculi from the common duct without incising the duct, after making the incision if it was very difficult to stitch up the duct, and if the patient's condition would not warrant a long operation, to introduce a glass tube and pack around it with iodoform gauze without attempting to repair the duct.

Paul F. Eve, of Nashville, read a paper on Cholecystotomy, and advocated the removal of the calculi whenever found.

Night Session.—Frank Trester Smith presented a case in which there had been Prolapse of the Iris, which had been partially reduced by pushing it in with instruments and the reduction completed with the use of eserine.

J. W. Handly, of Nashville, read a paper on the "Treatment of Varicocele."

The writer laid stress upon the use of a well-fitting, properly adjusted suspen-

sory as a most excellent palliative measure. In milder cases, besides the above, he advises sound physiological advice as regards sexual habits and constipation.

L. B. Graddy, of Nashville, read a paper entitled:

"Etiology, Pathology and Prevention of Ophthalmia Neonatorum."

The etiology, pathology the same as gonorrhœal ophthalmia or gonorrhea of the urethra, being produced by the gonococci—all of these cases are produced by inoculation. These cases are inoculated during the washing. He recommended that the lids be washed by a 1 per cent. solution of nitrate of silver which should be left on the lid twelve seconds, after which the eyes should be washed with clean water.

B. F. Travis read a paper on "Treatment of Ophthalmia Neonatorum."

In the early stage he advises cleansing the eyes with a boracic acid solution and the application of cold water. Later the use of strong solutions (40 to 60 grs. to ounce) of nitrate of silver in the purulent stage.

J. B. S. Holmes, of Rome, Ga., read a paper on Movable Kidney.

Pressure on the kidney always produces nausea and faintness—this is an important point in diagnosis. If much disturbance and kidney cannot be kept in place with a bandage or an abdominal support, the kidney should be extirpated. We should be satisfied that the other kidney is in a healthy condition.

Third Day, October 19, Morning Session.—Prayer by Rev. W. J. Trimble.

On motion, that a committee of five be appointed, to whom should be referred the new constitution for revision and amendment, also the recommendations of the President and said committee, to report to the Secretary, on the morning of the first day, next year, who will have changes proposed published. Carried.

Article IV of the constitution was changed so as to allow the society to meet elsewhere.

A motion was carried that none be allowed to vote or have the privilege of the floor who have not paid their dues for the current year.

On motion, the society reconsidered the vote to have the election at 2 p. m.,

and proceeded with the election of officers. The following were elected by ballot :

President, J. B. S. Holmes, Atlanta, Ga.; Vice-Presidents, James A. Goggins, Alexander City, Ala.; Dan. H. Howell, Atlanta, Ga.; T. Hilliard Wood, Nashville, Tenn. Councillors, W. E. B. Davis, Ala.; G. W. Mills, Ga., J. B. Murfree, Tenn. Secretary, Frank Trestler Smith, Chattanooga, Tenn. Treasurer, W. C. Townes, Chattanooga, Tenn. Recorder, W. L. Gahagan, Chattanooga, Tenn.

The consideration of the new constitution was voted a special order of business for the third day of the next annual meeting, at 9 a. m.

On motion, the society tendered a vote of thanks to the President for the masterly and courteous manner in which he had presided.

Afternoon Session.—The following committee was announced to revise the constitution: W. E. B. Davis, R. M. Cunningham, J. B. Cowan, W. F. Westmoreland, W. G. Bogart,

Y. L. Abernathy, of Hill City, read a paper on the Treatment of Typhoid Fever.

The author claims that it is impossible to diagnose between typhoid and continued malarial fever in many cases. He believes in an aggressive form of treatment, and advocates the use of quinine and mercury in these cases. He also relies on hydrotherapy by the Brand method.

Resolutions of thanks were adopted to the medical fraternity of Chattanooga for their cordiality.

Dr. W. C. Townes read a paper entitled :

“Pathology and Treatment of Goitre.” This paper is based on the observation of cases seen during a recent trip through the region of the Alps. For treatment, extirpation of the gland is advocated.

The Secretary was voted a salary of one hundred dollars for the current year.

Night Session.—C. W. Barrier, of Columbus, Ga., read a paper on the Elastic Dressing Applied to Incomplete Anchylosis of the Knee.

H. Berlin related his experience with the Action of the Galvanic Current on the Uterine Tissue.

The paper contained the results of experiments. A current was passed through the uterine tissue which was then subjected to microscopic examination. In one case the experiment was made on the living subject previous to hysterectomy, in the other cases the cadaver was used. He concluded that curetting would accomplish the result much more quickly.

J. B. Cowan, of Tullahoma, Tenn., made an address on Medical Ethics.

He spoke of the violation of the code in consultations. It is the duty of the medical societies to lift up the profession. We get legislation to protect the people and to elevate the profession so that the code could operate on the members of it. He called attention to the splendid organization of the profession in Alabama.

The following were read by title : Report of Psychical Science, Chicago, August, 1893—John E. Purdon, Cullman, Ala.

The Significance Albumen in the Urine in Pregnancy—E. T. Camp, Gadsden, Ala.

On motion, it was decided to hold the next meeting in Atlanta, Tuesday, Wednesday and Thursday, October, 9, 10, 11, 1894. Also that the proposition to change the name to that of the “South-Eastern Medical Society” be considered at that time.

Adjourned.

Note.

Caffeine-Chloral has been recently employed with success in the Augusta Hospital, Berlin, by Prof. Dr. Ewald, who administered it subcutaneously dissolved in water in single doses of 3 to 5 grains up to 6 to 14 grains pro die.

Thirteen cases of constipation were treated; thin stools passed within three hours of injection of three to six grains caffeine-chloral in eleven cases in which the constipation was of 3 to 6 days' duration. In one instance an ounce of castor oil had been administered the day before without effect and copious irrigation had also been unsuccessful.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, NOVEMBER 18, 1893.

THE USE OF SALICYLIC ACID IN FOOD AS AN ANTI-BAC- TERIAL AGENT.

WE have heard, of late, much pro and con regarding the efficiency of salicylic acid as an agent to prevent bacterial fermentation in the stomach.

There seems to be a great deal of difference in opinion as to its value. Many claim the drug to be positively harmful when used continuously in, or with, food. Accounts of some researches in support of this may be found in the TIMES AND REGISTER for April 29, 1893. Others have recently claimed that no injury to the digestive organs or the digestive ferments can arise from the judicious use of the pure article, and often it is exceedingly beneficial.

In a recent article in the *N. Y. Medical Journal*, by Dr. Austin Flint, the author states that his father, the late Dr. Austin Flint, had been in the habit of using salicin, in a majority of cases of functional dyspepsia, in doses of ten grains before each meal, with decidedly beneficial results; however, he, (the author) while obtaining good results with salicin, preferred bismuth subgallate.

Probably the difference of the various observations on the use of the salicylates in dyspeptic disorders, the success and non-success of these preparations, lies in the purity of the drug employed.

There can be no doubt as to the value of salicylic acid as a germicide, and we also doubt if in properly regulated doses it can be of any harm to the lining membranes of the stomach or the digestive ferments. That so much material enters the human stomach, the aseptic condition of which may justly be questioned, gives room for the consideration if this be not a fruitful source of most of our germ diseases.

The question naturally arises whether we should not take some means of prevention of such diseases, not only by rendering the physiological functions of the stomach as perfect as possible but also to render its contents aseptic.

We are, more and more, coming to the opinion that in medicine as well as surgery, this subject of combating germ disease will resolve into a question of asepticism in place of antisepticism.

However, as germs *do* invade the stomach, and, subsequently, the blood and tissues, through the ingesta, it may be a practical thing to do to find some suitable antiseptic that can be used as a beverage in place of coffee, tea, or alcohol.

At such a time we may hope to successfully combat tuberculosis as we now do cholera or other infectious diseases.

F. S. P.

Annotations.

ARISTOL IN DIARRHEA AND HEMORRHOIDS.

DR. BROOKE, (*Medical Bulletin*, Feb. 1893), presents a variety of cases of diarrhea in which the internal administration of aristol was followed by very beneficial results. In the treatment of hemorrhoids Dr. Engle (Med. Sum. and Nash. J. Med. and Surg., July, 1893), injected an ounce of cold water every four hours and introduced morning and night a suppository composed as follows: Aristol, 1 oz; ext. opii, gr. iiii; ext. bellad., gr. i; quin. muriat., gr. xxvi; ol. theobrom et cereae alb q. s.; ft; suppos; no vi. After each movement a small portion of the following was pushed into the rectum by means of the index finger: Aristol, gr. xxx; bals. Peru, 1 oz; ung. zinci Benzoat., 1 oz. Sulphur and cream of tartar may be given during the course of treatment.

A NEW PHYSICAL SIGN FOR THE EARLY DIAGNOSIS OF CROUP-POUS PNEUMONIA.

MR. F. H. MORRISON, M. B., C. M., D. P. H., R. C. S. I., etc. etc. in the *London Lancet*, Sept. 23, 1893, states he has found the following to be a sign of diagnostic value immediately after the rigor. "On careful auscultation, a jerky expiration is heard over the limited area of the chest corresponding to what subsequently develops the position of the usual signs of pneumonia."

It is said to be an unusually well developed early sign in children.

FRENCH TRANSLATIONS.

By E. W. BING, M.D., CHESTER, PA.

EXOPHTHALMIC GOITRE, AND THE MILK DIET.

DR. CHABOUX treated a patient with this disease by an exclusive milk diet; continued for four years. He points out, as worthy of notice, the long tolerance for milk, in this patient and also the considerable amelioration of the condition obtained by this method. The patient, who was emancipated at the be-

ginning of the treatment, increased both in strength, and weight; and the symptoms were so much improved that a speedy cure was looked for. This result would perhaps indicate that exophthalmic goitre is primarily due to an alteration of nutrition.—*La France Medicale*.

EXTRACTS FROM MIABLE'S PHYSIOLOGICAL CHEMISTRY.

THE old physicians resting on the singular ideas which they had formed respecting the causes of disease, and the curative effects of drugs; were the first to associate different substances of the same class. Since they attributed to each of them special properties, and as they were persuaded that these acted invariably, in the body, on such or such a part, they had distinguished purgatives according to their effects. They named "Eccoprotics" those which rendered purely stercoral stools, "Hydrogogues" those which obtained serious stools. Glairy passages were due to "phlegmagogues;" bilious stools to "Cholagogues;" green or black stools to "melanagogues" while general secretions were obtained by "panchymagogues." This last group embraced those purgatives which we call general cathartics, as their action extends over the entire intestinal tube. Life is the continual prolonged struggle of the laws of individual nature, against those of universal nature. The degree of life is proportional to the degree of superiority of the first over the second.

MIABLE.

The combination of the potassio-tartrate of iron, with iodide of potassium, is a more advantageous form of administration, than simple iodide of iron, in diseases which requires the simultaneous use of iodine and iron.

MIABLE.

Books and Pamphlets Received:

THE PNEUMATIC CABINET IN THE TREATMENT OF PULMONARY PHTHISIS. By C. E. Quimby, A. M., M. D., New York. Reprint from *International Medical Magazine*, January, 1893.

THREE INTRODUCTORY LECTURES ON THE SCIENCE OF THOUGHT By F. Max Muller. Published by the Open Court Publishing Co., Chicago, 1893.

ADDRESS OF THE PRESIDENT AT THE BANQUET IN HONOR OF THE FIRST PAN-AMERICAN MEDICAL CONGRESS. By C. H. Hughes, M. D., St. Louis, Mo. Reprint from the *Alienist and Neurologist*.

Letters to the Editor.

SIR:—The several interesting articles on rheumatism in your "Special Number" of October 28, throw some new and much old light upon the subject of that ancient enemy of mankind, rheumatism. Barring the suggestion of a specific bacillus described by Schuller as being "2.75 m. long and 0.95 m. wide" and having a bright spot on his head and tail; there seems to be nothing new in the pathology of rheumatism.

The conclusions reached by your contributors on the subject of treatment is much the same as of old, viz: that salicylates and alkalies are mostly to be depended upon. There is, however, one proceeding I wish to speak of in the matter of treatment, especially of the articular form of rheumatism, (whether it be of gonorrheal origin or not) wherein synovial membranes are much affected; that I have used considerably in both hospital and private practice with very satisfactory results, in conjunction with internal treatment. I refer to complete fixation of the affected joint, or joints, by means of plaster dressings, after the same manner of dressing a fracture.

The limb is placed in an easy position and covered with a thick layer of cotton batting over which is applied the plaster dressing. If it be the knee joint the "fixed dressing" should extend from the toes up to the middle third of the thigh.

The perfect rest at once thus obtained, together with the uniform warmth of the member, usually relieves all acute pain in the joint and thus greatly facilitates recovery. Let those who recommend hot fomentations and stimulating linaments applied to painful, swollen, rheumatic joints, adopt the plaster dressing instead, (of course keeping up internal treatment) and I assure them they and their patients will be pleased with the result.

R. B. GILBERT, M. D.

Louisville, Ky.

[The idea of absolute rest by fixation of the joint is not a new one, and the treatment is good. The straight splint is easier applied, cleaner and as effective. The only difficulty seems to be in the fact that rheumatic inflammations will, when acute, leave one joint in a day or two and seek another

joint. This would keep one plastering most of the time so that splints are easier changed.—ED. T. & R.]

As the TIMES and REGISTER has published several accounts of tape-worm, please allow me to relate my experience with one.

Mr. Taenia occupied a snug position in the Department of the Interior, where he collected a high tariff on all that passed his way (for his own benefit, of course). As the position was a sinecure, I endeavored to persuade him to resign, using such strong arguments as turpentine, malefern, and a certain proprietary remedy, but without effect, except that the last brought away several yards, without the head.

I finally tried *oleum chenopodii*, (which the books only mention as being good for ordinary worms) I gave three doses of 25 minims each, at half hour intervals just before bedtime followed by a purgative in the morning. Mr. Taenia immediately began to settle up his affairs, realizing that a change of administration had taken place, and about noon, sent in his resignation. He soon appeared in one piece 15 feet long, but had forgotten in his haste to bring his head with him. This was forwarded by the next express about an hour later, together with an inch of neck and a few belated sections.

Mr. Taenia, since his retirement from office, has been drowning his disappointment in a bottle of alcohol.

DR. J. L. HOLMES,

Moundsville, W. Va.

YOUR answer to Dr. Evan's query in your issue of the 4th inst., is not correct, for the 11th section of the Pharmacy Act of 1887 was repealed by the last legislature. The 11th section of the Pharmacy Act said, "Physicians who have practised three years may be registered." The Board of Pharmacy, however, never considered it mandatory and registered only a choice few.

There is now only one way to become a "registered pharmacist," in Pennsylvania, viz., pass the Pharmacy Board.

F. U. FERGUSON.

GALLITZIN, PA.

Bureau of Information.

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SEQUEL OF LA GRIPPE.

WILL you kindly outline a course of treatment for the following described case: Woman, aged 30 years, married, mother of one child which died in March 1892, aged 4 years. She had *la grippe* in January 1892. From this, and the loss of her little boy she dates her trouble, which begun soon after, with chills, coming on mostly at night. Fever followed, 99° to 100°, then sweating, these chills occurring a little later each night, and increasing in severity, until they came on as late as two or three o'clock A. M. They would then drop back to the evening, and recur at later hours each night, going through this series every week or two. At this same time she was attacked with motor and sensory paralysis, from which she kept her bed for several weeks. The bowels are, and always have been, very constipated. She gradually improved some, gaining flesh but no strength. She has had no chills for eight months. and has mostly recovered from the paralysis. When a child, she was unable to walk until eighteen months old, because of a spinal weakness. She is still an invalid, unable to more than sit in a chair, or walk across the room. The least over-exertion brings on "a drawing sensation and nervous hurting," in the muscles of her back, in the lower dorsal region. There is no spinal tenderness but the spine is curved backward almost to a "hump." The lungs are good; heart sounds normal, but its actions very weak; no kidney trouble but occasional attacks

of "gravel." Her husband, father and brother are all able physicians and have treated her, as have others also.

Please aid us and oblige

AN OLD READER.

[This is not an easy case to define. The nervous sequels of *la grippe* are varied and indeterminate; and there may have been a malarial complication, myelitis undoubtedly. The treatment should be by arsenic steadily, brucine gradually increased to tolerance, quinine if there be evidences of malaria, iron if anemia demands it. Massage, general faradisation, good food, salt baths and change of air as general remedies; with cod-liver oil if emaciated, comprise the medication.—W. F. W.]

TUBERCULAR PHTHISIS, WITH TWO PECULIAR SYMPTOMS.

MY wife, who has had severe bronchitis for many years, was delivered naturally of child (her first), four weeks ago. Six hours later, dysentery set in, which had some typhoid symptoms. This passed off in a week, leaving her in a low nervous condition temperature 100° A. M. and 102½°, P. M., with slight variations from these figures, pulse, 112°, A. M., 125°, P. M., loss of appetite, slight nausea, insomnia very great, nervous mania at times, coughing and expectorating profusely, slight sweating after midnight. She is reduced to a mere skeleton; has no coating on the tongue, but numerous small ulcers. Thirst is not severe now, but was two weeks ago. The urine contains no albumen since the confinement, but had small quantity for two week previous. Opium makes her comfortable and relieves the nervousness for the time.

Her mother's people live to old age. Her father died early with consumption.

Now, Doctor, there are two very distressing symptoms; please help me relieve these, along with other treatment you can suggest. (1) Dryness of the mouth, with continual hawking of sticky mucus which keeps the mouth covered and complete absence of saliva. (2) Extreme muscular soreness all over the body, even to the toes.

Would nervous prostration cause the fever and soreness with wasting?

J. B.

[Tuberculosis of the lungs; and of the mouth, probably. Let her take a few drops of glycozone

every half hour or so, and also rinse the mouth, at short intervals with solution of chlorinated soda, a drachm to four ounces of water. For the muscular soreness, innunctions of hot lard, cod-liver oil or lanoline, once or twice daily. The history points unfortunately too plainly to consumption.

—W. F. W.]

CLAVUS, PERIODIC DIARRHEA, FURNUCULOSIS.

I BEG of your information on the following:

A lady, forty two years old, married, hysterical from girlhood, with a very delicate digestive apparatus, has terrible spells of *clavus*.

I want treatment for the *clavus*. You say brucine. How shall I use it?

Case 2. A man, forty-three years old, has had periodical diarrheas all his life. He is worse in hot weather. About every one, two or three weeks, his bowels will break loose, and everything in him has to run out.

There are little premonitory symptoms. While the contents of the bowels are running off there is griping, and he will take a teaspoonful of laudanum, with spt. camphor and whisky. He is very careful about his diet, especially as to vegetables. He lives on bread, meat, and milk.

Is there anything I can do for this poor man? He is an invalid and a great friend of mine.

Case 3. A healthy looking man, forty years old, every time he scratches his hands he will have a large pustule at the site of the scratch. He has been troubled with furunculosis.

One year ago he got his leg cut, and poison in the cut, and has boils ever since. I long to see your new book, I have an "outline," and admire THE TIMES AND REGISTER.

CALVIN ATKINS.

SMITHVILLE, MO.

[*Clavus*: Give brucine in the intervals, gr. 1-36 to 1-12, thrice daily; and relieve the paroxysms by the use of antikamnia, phenacetine or antinevaine. gr. v, every two hours.

Periodic diarrhea: Diet, exclusively of milk, lean beef and raw white of eggs. Give arseniate of sodium, gr. 1-134, four times a day. Order a flannel abdominal bandage.

Furunculosis: Have the man bathe himself and clothes in chloride of lime solution. Give internally, tincture of chloride of iron, gtt. xxx, and magnesia sulphate, gr. xxx, before meals, and arsenic sulphide, gr. 1-67 after meals. W. F. W.]

The Medical Digest.

THERAPEUTICS.

The Influence of Remedies etc., upon Gastric Digestion.—F. Penzoldt, M. D., of the University of Erlangen, in a paper read at Nuremberg Sept. 14, 1893 to the Pharmacological Section of the congeners of the German Naturalists' and Physicians' Society states, that he has investigated the question as to what effect were exercised upon the digestive activity of the stomach by some of the spices, liquors, antipyretics, etc., commonly used.

A series of very interesting facts has been elicited. Alcohol slacks considerably the process of digestion if administered in doses larger or more concentrated than those contained in the quantities of beer or wine, generally taken with the meals.

Mustard acts as a stimulant to digestion but salicylic acid proves not to possess *the slightest influence whatever* on the digestion of the food, even when this well known preservative has been conveyed to the stomach with the food continually and for a very long time.

Diabetin—An innocuous and palatable sugar for diabetics. *Diabetin* is a white granular mass which is soluble in water in almost every proportion; it has a pure sweet taste; similar to that of sweet fruit. Its power of sweetening is considerably greater than that of cane-sugar, pure *diabetin* is, therefore, the most appropriate means of sweetening all the various kinds of food and drinks for diabetics, especially fruit juices, preserves and lemonades.

Thus *diabetin* is a chemically pure substance which has a remarkably sweet taste and possesses the same nutrient value as cane or beet sugar, with this great difference: that it can be assimilated and for the greater part made use of by the system of diabetic patients,

It will be most advantageous for diabetic patients to take *diabetin* under the guidance of a competent physician, since the great majority of them, though not all, are able to assimilate considerable quantities of this preparation.

[The above is supplied in one pound, screw top glass jars by Schering & Glatz, 55 Maiden Lane N. Y., City.—Ed. T and R.]

An Accidental Death from Ammonia—At New Brunswick, New Jersey, an unusual cause of death has been announced as the result of the careless administration of aqua ammoniæ to a person in a fainting condition. A bottle containing several ounces of the drug was held to the patient's nose in such a way that the liquid was spilled. Some of it found its way into the throat and air passages. The throat and lungs were profoundly irritated by the ammonia, and the woman died in great pain. She had only recently recovered from an attack of pneumonia.—*N. Y. Med. Jour.*

Therapeutic Effects of Direct Electrization of the Stomach.—Max Einhorn (*Deut. Med. Woch.*, 1893, Nos. 34 and 35) concludes a study of this subject. (1) Direct faradization. Here details of some 28 cases are given, including hyperacidity with dilatation, gastroxynsis, chronic gastric catarrh, anadenia, obstinate gastralgia, etc. The chemistry of digestion was always investigated. In all cases, with a singular exception, there was a diminution or rather disappearance, of the symptoms under this treatment, but in five other cases of obstinate gastralgia the improvement was so small that galvanism was tried. The faradic current used was only strong enough to produce contraction of the abdominal muscles, and the sitting lasted ten minutes. 2. Direct galvanization. Here seven cases are recorded. The cases of obstinate gastralgia referred to above were much benefited. The author concludes that direct gastro-faradization is useful in most chronic diseases of the stomach, except cancer; that its effect is very evident and comparatively rapid in non-obstructive gastric dilatation, and also in cases of relaxation of the cardia or pylorus, and that direct galvanization gives good results in obstinate gastralgia rebellious to other treatment.

The Utility of Electricity in the Treatment of Hemiplegia.—Renzi (*Revista clinica e terapeutica*, 1893, No. 1, p. 1; *Gaz. hebdomadaire de Méd. et de Chir.*, 1893, No. 29, p. 345) contends that electrotherapy is sometimes immediately followed by a restoration of the power of volun-

tary contraction in the paralyzed muscles. This restoration is not dependent directly upon the electricity, but upon the contractions induced, the memory of the defective motor mechanism being thus revived.

MEDICINE.

Slow Pulse.—The causes which produce slow pulse may be classified as follows:

1. Diseases or injuries to the nerve centres, producing either irritation of the pneumogastric or paralysis of the sympathetic (accelerator) nerves of the heart.
2. Diseases or injury of the pneumogastric nerve, increasing its irritability.
3. Disease or injury of the sympathetic nerves of the heart, paralyzing them.
4. Disease of the cardiac ganglia, by which the influence of the pneumogastric nerve preponderates.
5. Disease of the heart muscle (degeneration), whereby it fails to respond to the normal stimulus.
6. The action of poisons, as lead or tobacco, either on nerve endings or centres. The poison generated in salt fish. Also the poison of certain febrile diseases, algid pernicious fever. Another possibility is malaria poisoning.—D. W. Prentiss, M. D., in *St. Louis Med. and Surg. Journal*.

For Enlarged Spleen.—Professor Wm. H. Pancoast applies a plaster composed of belladonna, mercury and a little cantharides, over the splenic region.

SURGERY.

Surgical Treatment of Aneurisms of the Brachio-cephalic Trunk and of the Aortic Arch According to the Method of Brasdor and Wardrop.—Le Dentor in *Rev. de Therap. Med. Chir.*, March 1, 1893, reports two cases as follows:

Aneurisms of the brachio-cephalic trunk. We should begin with the ligature (at a single sitting) of the primitive carotid and the right subclavian.

If the tumor continues to develop in the direction of the supraclavicular and suprasternal cavities, we can sometimes attempt the ligature of the vertebræ of the same side.

If the tumor, checked in its development to the right, tends to develop toward the left supraclavicular cavity, the left subclavian should be ligated. We should not ligate the left carotid for some weeks after the operation on the right side.

Primitive, or secondary aneurisms of the aorta. If they are in the ascending part of the arch, the ligature of the two branches of the brachio-cephalic trunk is indicated. If the horizontal portion of the arch is affected, —with or without the brachio-cephalic trunk,—it may be of advantage to ligate (at one sitting) one of the vessels of the left side at the same time as one of the branches of the brachio-cephalic trunk provided that the two carotids are not ligated on the same day.

If the portion of the arch situated "below" the origin of the subclavian is affected primarily, all ligature is contra-indicated, since the tension of the blood in the sac would not be increased.

Should this portion of the arch be distended, together with the two first portions of the brachio-cephalic trunk, the ligatures may still serve to arrest, for the moment, the advance of the affection, and to give relief to the patients.

Medical treatment should be tried before performing an operation.

The Value of the Hands and of the Fingers.—Surgeons have often to estimate the chances of saving injured hands, and the comparative values of hands and fingers. According to a scale of value furnished by the Miners' Union and Miners' Accident Insurance Companies of Germany, the loss of both hands is valued at 100 per cent., or the whole ability to earn a living. Losing the right hand depreciates the value of an individual as a worker 70 or 80 per cent., while the loss of the left hand represents from 60 to 70 per cent. of the earnings of both hands. The thumb is reckoned to be worth from 20 to 30 per cent. of the earnings. The first finger of the right hand is valued at from 14 to 18 per cent., that of the left hand at from 8 to 13.5 per cent. The middle finger is worth from 10 to 16 per cent. The third finger stands least of all in value; although like other useless members of the community, it is surrounded by riches, its value is only from

7 to 9 per cent. The little finger is worth from 9 to 12 per cent. The difference in the percentages is occasioned by the difference in the trade, the first finger being, for instance, more valuable to a writer than to a digger.—*Med. News.*

CHILDREN'S DISEASES.

Vulvo-vaginitis in Children.—Rocaz (*Annales de la Polyclinique de Bordeaux*, September, 1893,) observes that vaginal discharges in little girls must never be neglected. They often cause purulent ophthalmia from infection through the patient's finger, and otitis through constitutional sepsis. External treatment is useless. Thorough vaginal douching is necessary. Sublimate is unsatisfactory, causing local irritation. Potassium permanganate of potassium is excellent. A 1 in 4,000 solution of the salt is employed by Rocaz at the beginning, and increased to 4 in 1,000. The child is placed on the edge of the bed, a soft rubber male catheter is introduced through the hymen and connected with the irrigation can placed a yard above the patient's body. About a pint of the solution is used. The douching should be carried out three times weekly. After the first douching there is often a slight increase of the discharge, but cure is certain within a month. Tonics must always be given. Purulent otitis, as a complication, readily yields to syringing with the same solution.—*British Medical Journal.*

The Treatment of Tuberculosis in Children.—Dr. Clemente Ferreira finds that creasote administered by the mouth is generally remarkably well borne, whether in pill form or as drops in milk, by very young infants. The daily dose is increased to the limit of seven grains without giving rise to any digestive or urinary disturbances; on the contrary, the appetite improves and the nutrition is bettered, the weight gradually increasing. The local signs gradually diminish, and after four to six months are difficult to detect. Used hypodermatically in sterilized olive oil, sometimes with iodoform, creasote produces excellent results, but more slowly than when given by the mouth. In addition, the possibility of local accidents, and the interfer-

ence of the mothers, who regard the injections as painful, are reasons which limit this method to exceptional cases. Guaiacol can be administered by way of the mouth in astonishingly large doses. After a time the daily dose of sixty grains can be attained, and that without gastro-intestinal disturbance. In general the results are equally good as with creasote, the large doses being better borne. Hypodermatic injections do not present the advantages which compensate for the inconveniences of the same. Aristol administered hypodermatically to seven grains per day has not given either general or local improvement, nor by the mouth have the results been so marvelous as those obtained by Nadaud in adults. Iodoform is frequently of great usefulness, but it must be continued for a long time and frequently develops an intolerance which necessitates its interruption. The cantharidate of potash, used in doses of $\frac{1}{250}$ of a grain, hypodermatically, and repeated every six days, has been well borne, the kidneys not showing any disturbance. The local signs have improved, and in one of the two cases the general condition was benefited. The method of Lannelongue (injections of chloride of zinc) was used in two instances. In the one the local manifestations (tuberculosis of submaxillary glands) underwent a remarkable diminution; in the other (tuberculosis of the hip) an abscess resulted, which was aspirated, and improvement resulted from the administration of creasote in increasing doses. *Bulletin Général d. Thérapeutique*, 1893, 28. livr., p. 68.

OBSTETRICS AND GYNECOLOGY.

Coffee, it is reported, will suppress lacteal secretion. If an overflow of the milk or where the milk is required to be checked in its secretion, coffee may be drank. Mothers having scarcity of milk should avoid it.—*Toledo Medical and Surgery Reporter*.

The Treatment of Vulvar Vegetations by Pure Carbolic Acid.—Derville, of Lille, treated a case of vulvar vegetations covering both the anus and the vulva, and reaching the size of a man's fist. He cured this enormous growth by local

washing with pure carbolic acid. The whole surface of the vegetations was painted with the pure acid; the application was repeated about the fourth or eighth day. The treatment occasioned no pain, but frequently caused erythema, vesiculation, and excoriation of the surrounding parts. This is prevented by the application of vaseline to the healthy skin.—*Charlotte Medical Journal*.

Treatment of Metritis.—Dr. Cheron, the eminent gynecologist, treats as follows parenchymatous metritis:—

As nourishment, two quarts of milk daily in small repeated quantities. To ease the pain, which is often very severe, and to reduce the fever, phenacetine, five grains every six hours, and antiseptic fomentations on the abdomen in the following manner: A large layer of cotton is plunged into hot water and wrung out, and sprinkled with from forty to fifty drops of laudanum and placed on the abdomen; a covering of oil silk is necessary to keep up the temperature. This application is renewed night and day. The lumbar region is rubbed with ointment as under:

R Salicylic acid ʒi;
Lanoline ʒj;
Essence of peppermint . . . ʒiv;
Lard ʒiss.

As soon as the state of the patient can bear it, a hip-bath of warm starch water is given twice a day, and twice a day also a vaginal injection of a 3 per cent. solution of boric acid. Subsequently vaginal antiseptic suppositories are introduced to complete the cure.—*Medical Press*.

Diagnosis of Ovarian and Parovarian Cysts.—Tilleaux, of Paris, says that the ovarian cyst at first is always unilocular, and from the wall of the primary cyst appears a secondary, which projects into its cavity, sometimes externally. In this way a number of secondary cysts may develop, leaving the tumor later to present the appearance of an absolutely vegetating mass. An unilocular cyst is everywhere smooth, presenting a uniform absolutely regular surface. Fluctuation is universal. If, upon palpation, you can observe irregularities of surface or differences of consistency it is safe to conclude that it is a multilocular cyst,

and in their absence that it is unilocular. We cannot be too positive in this, as a secondary cyst may escape the most minute examination. In cyst of the ovary and the parovarian cyst, the former is always pediculated. The pedicle is constituted either by the ovary itself or the ligament of the ovary. As the tumor increases in size it comes in contact with the abdominal wall, and upon incision we perceive its white, shining pearly surface. The broad ligament is practically a closed sac above, open below, and continuous with the peritoneum that covers the pelvic floor, and also with the parietal peritoneum. A tumor developing between two leaves of the broad ligament, as it develops, unfolds these leaves, forcing them back more or less, and always remains an encapsulated tumor. In incising the abdomen in such a case, we do not see the pearly, glistening appearance, but only the surface of the broad ligament. The parovarian cyst is generally sessile. Exceptionally it can be pediculated, when the pedicle is constituted at the expense of the over-distended serous folds. The parovarian cyst is always unilocular and somewhat flabby, presents a sensation which recalls the quivering of the hydatid. They are generally smaller than the ovarian tumors.—*Annales de Gynécologie et d'Obstétrique*, March, 1893.

Notes.

BORN ON THE CARS.—An accouchment, somewhat out of the usual routine, occurred in a state-room on a palace car on September 22d last, on the day express south on the A. V. Ry. The mother was a lady from Buffalo on her way to visit her parents in Allegheny City. The professional services of Dr. Robert Robinson, of East Brady, were brought into requisition by a telegram sent ahead of the train. He boarded the car at East Brady and between that point and Red-bank station the birth took place. The doctor accompanied his patient to Pittsburgh in safety, and mother and daughter were doing as well as could be expected under the circumstances.—*Armstrong Democrat*.

A DELICATE OPERATION.—The well-known Paris doctor, M. Dujardin-Beaumez, member of the Académie de Médecine, has just undergone at Beaulieu the delicate intestinal operation known as cholecystenterostomy. The operation was quite successful.

PRECAUTIONS AGAINST POISONING.—A law in Germany requires that all drugs intended for internal use be henceforth put up in round bottles, and those for external use be placed in hexagonal bottles. This enactment is precautionary against poisoning.—*Boston Med. and Surg. Jour.*

EMERGENCY CASES OF ILLNESS AND THE MEDICAL PROFESSION.—The public are gradually learning that medical men are not bound to attend at everybody's beck and call—in other words, that they have to be paid for like other classes. Lately a jury at Poplar, on the suggestion of the coroner, added the following rider to their verdict of "Death from natural causes" in a case where a medical man declined to attend without being first paid, and where the patient died before a second one could be procured:—i. e., "that the coroner write to the guardians and urge upon them the desirability of their obtaining the power to pay a doctor out of the poor-rate when called to urgent cases of sickness." We have long urged that some such provision should be made for emergencies of this kind. The time has passed for the public to throw on a poor and overworked profession the weight of all its cheap benevolence. When it has done its own part the profession will not be an ungenerous party to seeing that no sick persons are unrelieved.—*London Lancet*.

THE READING DOCTOR.—The best informed and most successful physicians are those who read the greatest number of medical journals, for, in this way, a comparatively small amount of reading suffices to keep them conversant with current medical news and at a trifling cost.

NITRATE OF SILVER STAINS are easily removed by painting the part with tincture of iodine and then washing in dilute aqua-ammonia.—*Pacific Med. Journal*.

THE MEDICAL RAVEN.

Once upon a midnight dreary,
The doctor slumbered weak and weary,
And all the town could
Hear him snore.

While he lay there sweetly napping,
Suddenly there came a tapping—
Like a ramgoat madly rapping
His hard head
Upon the door.

"Get thee up," a voice said loudly,
"Come in haste," it added proudly,
Like a man who owned a million
Or much more.

But the doctor never heeded,
Back to dreamland fast he speeded,
For such men as that he needed
In his practice
Nevermore.

For long months that man had owed him,
Not a cent he'd ever paid him,
And the doctor now will dose him
Nevermore.

—*Atlanta Med. and Surg. Journal.*

SETTLE YOUR BILLS.

A Kansas physician has the following printed at the foot of his bill-head: "A prompt settlement of this bill is requested. If bills are paid monthly a discount of ten per cent is given. Bills not paid promptly will be passed to my attorney for collection. If you pay your physician promptly he will attend you promptly, night or day, rain or shine, while your slow neighbor waits, as he makes the doctor wait, and while he is waiting the angels gather him in."—*Cincinnati Lancet-Clinic.*

NOTICE.

In response to the many requests from those who failed to see our stupendous offer in October in time, we have concluded to reopen it until January 1st, 1894. Whoever will send us one dollar can have the TIMES AND REGISTER sent to their address (U. S. or Canada) weekly until January 1st, 1895.

Prescriptions

ANTISEPTIC COMPOUND.

(DR. DE CHRISTMAS)

A combination of various antiseptics whose power is almost equal to that of bichloride of mercury, without its dangerous inconveniences.

Carbolic acid	9 grammes
Salicylic "	1 " "
Lactic "	2 " "
Menthol	0.2 centigrammes

This mixture, named by the author phenosalyl, is scarcely toxic since only very weak solutions 5 to 7½ per 1000 need to be used. In the proportion of 20 to 1000—it completely sterilized tuberculous sputa after 15 minutes' contact. The mixture is prepared by heating the three acids to liquefaction and then adding the menthol. It is very soluble in glycerine and dissolves easily in water up to four parts in the 100.

—*Le Progres Medical.*

BROMOFORM FOR PERTUSSIS.

Bromoform may be used in the dose of 10 to 30 centigrams for children and 1 to 1½ grams for adults.

Stepp advises the following :

Bromoform	10 drops
Alcohol	3 to 5 grammes
Water	100 "
Syrup	10 "

One to two teaspoonfuls (?) every hour.

—*Le Progres Medical.*

CANKER SORES ON LIPS, MOUTH, TONGUE OR THROAT.

R Suphate of zinc 40 grs.
Rose water, or pure water . . 1 oz.

Apply every other day to the spots with a camel's hair brush or a piece of cotton. Canker sores can be touched to advantage every day or two with burnt alum or a piece of sulphate of copper.

—*Pharm. Era.*

FOR PRURITUS ANUS.

R Camphor	2
White wax	3
Lard	4
Oil of almonds	3 parts

M. S.—Apply locally.

—*Squire.*

The Times and Register.

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THE DIAGNOSIS OF THE DIFFERENT TYPES OF TRAUMATIC ANCHYLOSIS OF JOINTS, THE COMPLETE AND INCOMPLETE.*

By THOMAS H. MANLEY, M. D.,

[Visiting Surgeon to Harlem Hospital, New York.]

It has generally been claimed that the correct diagnosis of a malady or an infirmity, is the key to its treatment.

This, in the main, is correct ; but to assume, that it will apply to all cases is stretching the truth too far, in our time, in the race of scientific achievements, diagnosis has far outstripped curative measures. Indeed, at present the bent of modern teaching has pushed forward much too fast for the student to keep the therapeutic end of the line up, so that, when one enters the world, as a practitioner, with his reagents and lens, the recognitions of many maladies is simple

and quite precise, while his practical knowledge of treatment is most confused and rudimentary.

In affections which lead to the distortion of a limb, a correct diagnosis of them is of vast importance; for, symptomatology in these conditions when mastered, not only sheds light in the way of treatment, when this is open to consideration, but it likewise enables us to make safe forecast as to ultimate results.

DIAGNOSIS, AS TO LOCAL AND GENERAL CONDITIONS.

The above resolves itself into ;

1st. The nature, extent and situation of pathological conditions, at the ankylosed joint; in other words, into local changes.

2d. The condition of the patient, with respect to his constitutional state, predisposition, morbid tendencies or the general system.

With reference to the first we will commence by an inquiry as to the age of the patient, the manner in which he was injured, the date of the accident and the

* Read at Annual Meeting of Railway Surgeons of New York, at New York Academy of Medicine, November 15, 1893.

quality of treatment instituted; whether a fracture or dislocation was sustained.

It will be well to determine, whether the lesion is *intrinsic* or *extrinsic* to the joint.

We should always, before we touch the suspected articulation, first note carefully, if inflammatory swelling is present, and the attitude of the limb. Has the patient synovial inflammation; is it arthritic or osseous. A severe blow on the head of a bone, is often followed by a severe osteitis, or osteomyelitis, in which state, muscular spasm is almost certain to supervene.

If our patient is only seen late by us, then, if there have been a fracture, we should find some thickening of the periosteum left, at the site of injury. After a bone has been reduced completely, it leaves no traces, by which we can say with certainty that such an accident ever had happened. But, we find the joint examination perfectly negative, as far as the state of all the tissues, which enter into its composition goes; yet it may be painful or not, to pressure or the least motion. Now, it is well to carefully inspect the tissues at side of the joint. My experience leads me to inculcate the muscle first. This structure is the most invulnerable in the entire body, but there is a limit to its immune properties, and hence, we have such lesion as myelitis, as a primary condition after a very severe injury to the organic elements of a muscle.

Let us for a moment glance at the physical phenomena, which an inflamed muscle or group of muscles presents. First, we will observe in this organ as in all others, when the seat of acute inflammation, that there is a partial or complete suspension of its physiological action, and its power to contract, under the will, is temporarily in abeyance. The affected muscles relax, their unaffected antagonizers so contract that the limb has lost its equipoise and becomes sharply flexed, extended, or otherwise, according to the group affected.

This type of inflammation is quite common in the severe injuries, and if one does full justice to the patient he should acquaint himself with its full significance. In different structures, particularly over the hip joint, I have

seen more than one case in which it was present, mistaken for arthritic disease, and a most gloomy prognosis given.

Next to the muscular tissue, the bone elements are susceptible to the consequences of traumatic influence. When a bone shaft has sustained vulnerable force and pathological changes follow in obedience to a law, yet rather incomprehensible, one set of muscles becomes inflamed and crippled, while the others escape; and, therefore, why the limb is drawn in diverse directions and temporarily fixed. When the bone is injured the periosteum, most commonly, alone is affected between the epiphyseal lines, but at the articular ends the parichondrial and other osteal envelopes survive, while the cancellous tissues break down, or become the seat of a low grade of inflammation which, sometimes is very slow to yield.

Injuries of the peripheral nerves are a most fruitful source of ankylosis. Those which follow sprains of an articulation are the most serious. Indeed, many of these may cripple a limb longer than a fracture. In this class of ankyloses our examination is negative, nor can we find any evidence of well-marked pathological changes outside of the joint immediately after the injury, but the articulation is extremely sensitive to motion or pressure.

The consecutive changes which follow those injuries, are what lead to atrophic changes, so that in arriving at a full appreciation of the true character of the condition present, we must not underestimate the effects, which time has wrought in the joint and adjacent parts. We will generally recognize the chronic type of neuropathic joints by the soft consistence of the muscles, the position of the limb, the low surface temperature and feeble circulation.

THE ASSOCIATION OF CERTAIN CONSTITUTIONAL CONDITIONS WITH TRAUMATIC ANCHYLOSES.

It goes without saying that the recuperative energies of the economy in all cases, are greatly influenced by the age of the patient, and more especially by the conditions of the general system.

We all know how poorly wounds do in the badly fed, in public institutions, in

the heavy drinker, the tuberculous or syphilitic. Joint injuries in the rheumatic, the strumous, or the neurotic, as a rule, pursue a chronic course, or, at any rate, are more difficult to treat. They are frequently unsatisfactory in result and more prone to relapse. Morbid processes perpetuated by malaria, and joint affections of every description, are more painful and tedious of cure in winter weather.

When we are called to treat those conditions which produce an ankylosis, therefore, it is of prime importance that we endeavor to determine the share which certain constitutional disturbances exercise, in order that an appropriate therapy may be simultaneously addressed to the general system and the local condition.

The importance of this, may be best emphasized by the citation of one or two illustrative cases.

Some years ago I was called to see a boy of ten, who was suddenly seized with severe pain over the left buttock. It came on, the day following a fall off a fence.

He was seen by a practitioner who at once diagnosed "hip-disease" and the limb was immediately placed in a gypsum cast, it being fixed in the ankylosed line, which it had taken.

Not making any progress towards recovery, I was called. Before looking at the hip I took his pulse and temperature. He had sharp fever with constant thirst. It was my opinion that he had rheumatic arthritis. The dressings were all removed. He was placed on the alkalies with colchicum, and an emollient liniment applied over his sensitive hip.

The little fellow rapidly recovered. I saw him but once. In two weeks he walked to my house, about a mile, without crutch or stick, and has never since had any trouble.

My friend Dr. Douglas H. Stewart, of this city, related a most interesting case of a somewhat similar description recently to me.

His patient was an infant ten months old, only. For some time he seemed to be in pain and incessantly cried night and day. But he nursed well and presented a healthy appearance.

The family physician had prescribed in vain; the little fellow, screeching the

most at night, and narcotics seemed to give him no relief. Finally, he was partly stripped and examined; but nothing was discovered. It was ultimately diagnosed a case of vicious disposition, of "pure cussedness," and it was decided to do nothing more for him. But the mother was not satisfied with this "do-nothing" policy and called in Dr. Stewart.

When the baby was stripped naked the doctor noticed, that he kept the left knee flexed, and any attempt to move it gave him pain. Besides, the gluteo-femoral fold was obliterated. There was an elevation of the temperature and the skin was rather hot and dry. Dr. Stewart on inquiry, learned that the mother was rheumatic, at times, while nursing the child. He decided that the case was one of non-articular rheumatism, and prescribed salicylates. The hip was enveloped in a flannel roller, the knee resting on a pillow. Within three days all pain had disappeared and the full use of the limb was restored, without any later relapse.

In modern times, since syphilis and gonorrhea, are known to so largely enter into the etiology of the arthropathies, we may, in many find either one constituting an important factor in causation, in those stiff joints, in which the patient would have us believe, the trouble all came from a "strain."

Struma, or the so-called tubercular cachexia is responsible for a great number of cases of such joint affection as limit, or totally prevent joint motion. When we suspect this association we should examine the state of the pulmonary organs and the absorbents; look for heredity or contagion; and, in all cases, count on a tedious and imperfect cure.

DIAGNOSIS OF NEUROPATHIC—ANKYLOSES.

The recognition of this class of ankyloses is often attended with great difficulty.

Our patient has no fever and no marked constitutional disturbance.

Locally we will discover, in many, no decisive evidence of diseased processes, nor signs of definite organic degeneration in the leverage which acts on the joint affected.

Indeed, were we to depend wholly on

physical phenomena, in several, in the early stages it would be quite impossible to say whether our patient was shamming or really invalided.

Nevertheless, if we analyze each individual case critically, much obscurity will clear up, and their true character will become apparent. In nearly all we will find our patient pale and anemic. They commonly experience intermittent attacks of palpitation and tachycardia. The appetite is bad and digestion is deranged. The greater part of these subjects present evidence of a rheumatic or tubercular diathesis. Their antecedent history will often throw much light on the fundamental condition. They have been strumous in childhood, have had fugitive pains in other joints with tumefaction of the cervical lymphatics. Nor is their antecedent history without interest and value. In many we will clearly trace a distinct hereditary predisposition to various phases of neuroses. The clinical signs of the greatest value attaching to the local condition are (a) the trivial, or moderate severity of the primary injury; (b) the sudden onset of severe pain; (c) the exquisite sensitiveness of the integument for an area considerable distance above the affected joint, the "Brodie sign"; (d) the manner in which the firm and steady pressure of the hand can be borne and motion of the limb made when the patient's attention is diverted, or they are inspired by hope, a species of hypnotic suggestions. These are the local clinical phenomena, most pronounced in the early stages of the so-called "hysterical ankyloses." When this pathological condition drifts into a chronic state, we will find evidences in and about the joint, of trophic disturbance and vaso-motor changes.

The circulation becomes languid, the subcutaneous tissues in the parts below the joint are the seat of œdema; though the limb may have preserved its contour, the tissues have lost their firm consistence and have a doughy feel.

These pathological evidences of malnutrition in the rigid limb, are much more marked, than when dependent on inflammatory changes within the capsule, and besides vanish with remarkable rapidity after effectual relief measures are instituted. In all these affected with this

type of joint—neuroses, the psychological state exercises a marvelous influence. Hence, we will observe that our patients are, as a rule, melancholy, despondent and irritable. Therefore, if we would unravel the intricacies of diagnosis, with this group we should observe carefully those postean manifestations of a central origin, as well as others which emanate from the spinal nerves.

COMPLETE OR INCOMPLETE ANCHYLOSIS.

Although a complete knowledge of the type of ankylosis present, will often in no manner influence our treatment, it may be well to inquire here, if it is generally possible, to recognize the genuine osseous fusion of the bone surfaces, true ankylosis so-called, from that which is attributable to contraction and shortening of muscle, tendon or ligament.

It is a disputed question on which the most eminent authorities disagree.

Bonnet, writing on this subject, has said: (*Malades Des Articulations*, p. 217. Ed 2, t ii.) "There are no signs by which we can definitely recognize bony ankylosis."

But Brodhurst disagreed with him and claimed, "that whenever the muscles can be thrown into action, so as to render the tendons prominent, or tense about the joint the adhesions are not bony; nor, are they bony, when the slightest motion is found to exist." Nevertheless, he adds, in qualification of this statement further, viz: (*Ankylosis of the Joints*, 2d Ed., p. 217.) "That though fibrous ankylosis may be recognized by appropriate tests still, it is often difficult to differentiate between the extra capsular; and sometimes impossible to make the distinction, except, when force is being employed and the adhesions are being ruptured."

My own observations incline me to Bonnet's view.

Every surgeon will encounter cases of ankylosis, in which the joint is solidly locked, by such adhesions as totally suppress every trace of motion; as completely as though the whole limb were but one bone, and yet, we are assured, by indisputable proof, that the articular surfaces preserve their physiological integrity.

We encircle the tendon release the adhesions in the soft parts and the limb comes into place.

No case of complete osseous fusion of the joint surfaces has come under my observation, except in those in which atrophic changes in the limb and other arthropathic degeneration were well worked. Osseous ankylosis is never a sequence of traumatic force, except, when there has been an extensive shattering of the joint, with very active inflammatory reaction; or when tubercular changes follow injury; which, in years, undergo cure, by sacrificing the joint.

In all cases of ankylosis following injury they should be thoroughly studied, and we should be assured that every ray of hope is gone, before we definitely set a case aside, as one of that class that admits of no possible relief or cure.

It is but a short step, between the sacrifice of a joint and a limb; indeed, in not a few, it is a question whether the elision of a member is not often to be preferred, to the presence of a stiff and motionless one.

THOUGHTS, HISTORY AND EXCERPTS ON ICHTHYOL IN THE TREATMENT OF ERYSIPELAS.

By T. G. STEPHENS, M. D.

SIDNEY, IOWA.

NATURAL science teaches us that nothing is lost, nor a particle of matter stricken out of existence. So, as nothing is lost or annihilated, it is probable that nothing has been added, and we are ourselves composed of particles of matter as old as creation.

How long man has been a dweller upon the earth, we can only conjecture by the bones that have been discovered in caves devoted to human sepulchre for thousands of years. There is a perpetual change from life to death and from death to life, and a constant succession in the forms and places which the particles of matter assume. Life first developed in the sea; thus in geology we have an age of mollusks, an age of fishes, and an age of reptiles.

In the paleozoic system of rocks we have a general life system which is

divided into three ages, each characterized by a division of a great class of organisms. 1st—The Age of Invertebrates, sometimes called age of mollusks—animals whose bodies are soft, as snails,—oysters and other shell animals. 2nd—Age of Fishes. 3d—Age of Acrogens, cryptogamous or flowerless plants and Amphibians.

The greatest change that has ever occurred in the history of the organic kingdom, took place at the end of the paleozoic era. The whole system of the earth may be divided into the Paleozoic and Neozoic. In consequence of the extraordinary physical changes there have been great upheavals of the seas; its fauna perished in great masses, and by natural causes have been converted into fossils and other organisms.

The geologist has no difficulty in distinguishing between these ages and the class of animals and plants existing during these periods. The class of fishes and other vertebrates as well as the invertebrated animals existing during the paleozoic era, were quite different from those existing at the present time. The great masses of fauna which were destroyed during the paleozoic period, after many transitions are now being converted into useful purposes, and it is from these fossil deposits found in the Tyrol, supposed to be derived from fishes and other antedeluvian animals, (whence the name) by dry distillation, ichthyol is formed. In Scotland, shales have been found filled with fishes which have changed into bitumen. This bituminous rock, or shale, from which ichthyol is obtained, resembles the coal-bearing rock and is probably nearly contemporaneous with coal in its production. But coal is formed from *terrestrial* vascular plants in the presence of *fresh* water, while bitumen is formed from more perishable *cellular* plants and animals in the presence of *salt* water. The rock is said to be very rich with the remains of these animals, some of which have been so completely preserved as not yet to be perfectly petrified.

Ichthyol resembles coal tar in appearance and is a clear, thick, brownish liquid of a smoky, bituminous odor and taste; soluble in water, in a mixture of alcohol and ether, in oils, glycerine and fats.

There are various ichthyol salts made

and for sale as ammonium, sodium, lithium, and zinc; but the form in which it is mostly employed is the sulpho ichthyolate of ammonium.

An objection frequently raised against the use of ichthyol, is its disagreeable odor, which can easily be overcome by the addition of oil of citronelle or vanillin.

At the present time we are in the midst of a therapeutic revival, and it is considered the golden age of medicine by those who have given no thought to the study of the past; but, geology brings to view resurrected relics that prove we are mere pigmies at present in our advancement in learning, when compared with those who lived in the illustrious days of Rome. At our best, we are but imitators of those who lived at that time. Jansen is said to have invented the compound microscope in the year 1590, but it was only the discovery of an invention well-known in the time of Cicero, and, perhaps, quite as well understood thousands of years before that great orator's time.

Laygard, in writing of his discoveries in Nineveh says, "The engravings on the stones were so small that they could only be read by the aid of the most powerful glasses."

Chemistry as a science dates back a little over one hundred years. The bombastic Paracelsus, born about the year 1493, was the founder of iatrochemistry and turned his attention in the way of search for the "*elixir ad longam vitam*." But the most striking proof of the folly of his pretensions was given in his own person, for after announcing that he was in possession of an elixir which would prolong human life to an indefinite period. He died at Salzburg of a fever, when but 48 years old.

Antedating this time, we find chemistry frequently alluded to in the Bible as an art.

Ichthyol, though introduced into therapeutics one decade ago, has, owing to experiments made during that period by some of the most eminent medical authorities of the day, obtained much precedence as a remedy in certain diseases. It was first described by Schrötter and used in the treatment of skin diseases by Unna.

Profs. Bauman and Dr. Schotten, of

Berlin, made many experiments on animals to ascertain as to its injuriousness, the result proving to them that it was perfectly harmless.

That the drug is incapable of producing poisonous symptoms is contradicted by the report of an Italian physician, Dr. Bergerio, who has employed it as an intra uterine injection after curetting the uterus. Shortly after the injection the patient complained of a fishy taste in the mouth and of the odor of the ichthyol.

The pulse became exceedingly rapid, and symptoms of collapse came on with great rapidity. These symptoms, however, disappeared in about twelve hours. Naturally Bergerio concluded that this case of intoxication was due to the absorption of the drug from the exposed surface of the uterus, and he reports that his colleague, Peroni, observed, in another case, vomiting, headache, convulsions and diarrhea after the employment of ichthyol in a patient who was suffering from prurigo.—*Therapeutic Gazette*.

Since ichthyol was first brought into general use I have been prescribing it in various diseases more especially in erysipelatos inflammations, with very satisfactory results. At first my cases were all idiopathic, of a mild type, and yielded so readily that I was at a loss to know whether the remedy was entitled to any particular credit or not, but afterwards I had an opportunity to test it on some traumatic erysipelatos cases of the face, arising from the absorption of ichorous secretions of old sores. Also on a case of gangrenous erpsipelas of the foot, as the sequel of crural phlebitis, where the subcutaneous areolar structure had become involved with an abundant serous effusion, followed by rapid, yet imperfect suppuration, gangrene and sloughing, especially of the loose connective tissues of the upper part. The ichthyol in my cases was usually used in the form of an ointment, varying in strength to suit the conditions of the patient, and was applied over and beyond the involved areas.

I oftener use a ten per cent. mixture combined with an equal quantity of lanolin, using it two or three times a day. Of course we use internal remedies more or less throughout the course of the disease, ichthyol being only a topical application.

The case of erysipelas of the foot had been treated by a respectable practitioner up to the time I saw her without any favorable change. After thorough disinfection I prescribed ichthyol, one part to lanoline seven, and using it in the form of a thin plaster, applying the first late in the evening. The following day I called again and learned that shortly after applying, the patient became delirious and remained so until some time after the plaster was removed, the wound well washed, and a plaster of simple cerate applied. On examination I found a notable change in the appearance of the diseased part, and ordered the ointment to be used again the next night, and in the event of any delirium, to discontinue it as before; the effect was the same. I reduced the ointment to one half its original strength without any more unpleasant symptoms, the patient making a good recovery. It appeared from this circumstance as though the remedy possessed toxic properties.

Dr. Klein, in the *Gazette Medicale de Paris*, October 3, 1891: Says, First—Ichthyol undoubtedly exerts marked influence on the development of the micrococcus of erysipelas in the skin, which may be attributable either to the reducing action which this remedy exerts on the tissues, or to a direct action exerted on the pathogenic micro-organisms, or to both of the causes. Second—Treatment by ichthyol reduces the duration of erysipelas at least one-half. Third—Treatment need not be continued, as a rule, longer than three or four days; by this time, the disease is usually cured. Fourth—Under the influence of ichthyol, the disease follows a much more benign course.

Schneider (*Contrablatt für Chirurgie*, No. 1518, 1892) states that he has employed Sach's treatment for erysipelas with almost universal success. This consists in applying beyond the involved areas a ten per cent. ichthyol collodion mixture. If the extremity is involved, this collodion is spread around the limb above the limit of the disease, forming a band about twice the breadth of the hand. It should be put on in a layer, so thick that after drying, it presents the appearance as though the limb were inclosed with a broad bandage.

In nearly all cases when the inflammation reached the border of this collodion layer it ceased to spread. Improvement follows in two or three days, the temperature drops and symptoms rapidly subside.

Dr. Radcliff, of Washington, D. C., says: "I am quite pleased with ichthyol as a local application in erysipelas:" says his plan is to order two drams each of ichthyol, lanoline and water, and have this applied uniformly over every part of the erysipelatous inflammation, ears, eyelids and all, and repeat this at least twice daily; in three days washing it off with a little tepid water, and with or without a little lather of fine quality of soap; it will be then found that the swelling has subsided and the erysipelatous process has been arrested, except perhaps on the extreme borders.—*Therapeutic Gazette*, May 16, 1892.

In the hospital at Copenhagen, Ulrich has employed cold compresses and applications of tar and ichthyol collodion which is made as follows:

R	Ichthyol	5 parts
	Ether	5 parts
	Collodion (flexible)	10 parts

He gives at the same time, internally, sulphate of quinine to reduce the temperature, and states that he thereby exercises a distinct influence upon the development of the disease.—(*Wiener Klinische Wochenschrift*, No. 29, 1892.)

Von Nusbaum states that in erysipelas ichthyol produces results obtainable by no other means, namely, the immediate arrest of the disease. His treatment was, first, the thorough disinfection and drainage of the wound, then, if the disease continued to extend, over its whole surface was spread a thick layer of ten per cent. ichthyolated cotton. The erysipelas advanced not a line further, and in a single day the swelling disappeared, and the red, shiny, puffy surface changed to a yellow-brown and wrinkled. This remarkable effect Von Nusbaum ascribes, not to the influence of the drug on Fehleisen's cocci, but to a change produced in the tissues, by virtue of which they cease to favor the growth of the micro-organisms.

PULMONARY TUMORS.

BY E. S. MCKEE, M. D.

CINCINNATI, O.

A CASE of primary endothelial cancer (Lymphangitis proliferata) of the pleura is reported by Frankel¹. The differential diagnosis from carcinoma is made on the ground of the microscopic consistence. Primary lung and pleural tumors are fully discussed by Schwalbe.⁹

A cancer of the right bronchus just below its point of origin from the trachea is reported by Oesterreicher.² The tumor also extended some distance into the left bronchus and was ulcerated; near the tumor the lung had become gangrenous. From the position of the tumor the left bronchus had become a good deal narrowed. The parts of the bronchi below the tumor showed considerable dilatation of the veins. There was also compression of the superior vena cava, the aorta, and the esophagus.

Three interesting cases of lung tumors are reported by Frankel³ and the diagnosis of tumors of the thoracic cavity is thoroughly discussed by the same author.⁴

Signs of primary cancer of the right lung with co-existing Bright's disease was demonstrated by Leech.⁵ The lung was diminished in size owing to extensive pleuritic effusions. The pleura was much thickened and the lung infiltrated by cancerous growth. Secondary deposits were found in the left lung, the left supra renal, and in both kidneys, which also presented parenchymatous changes.

A case of primary encephaloid sarcoma of the lungs, an extremely rare disease; is reported by Vandervelde.⁶ At the autopsy the right lung, the surface of which was covered with soft yellowish material infiltrated with milky fluid, was friable and hepatized. It was infiltrated

with small round embryonal cells. In its centre, there was a large cavity, around which the cells had undergone mucoid degeneration. The cavity contained blood clots and pulmonary detritus.

Cases of carcinoma of the lung are reported by Klemperer.⁷ Hydatid cysts of the lungs is reported by Lavran.⁸

Hydatid of the lung is reported by McKenzie¹¹ which proved fatal after rupture into a bronchus, nine hours after treatment by aspiration. He had seen five cases during the last two years and queries whether hydatids were becoming any more common in that country (England).

Actinomycosis of the lungs and vertebral column is reported by Henck.¹⁰

Post-mortem showed an abscess cavity over the fourth to the eighth ribs on the left side, the muscles being destroyed and some of the ribs laid bare. Inside of the chest, and in a corresponding position, there were some puriform masses, and communication existed with the above named abscess cavity. Above the lung was adherent to the chest wall. The lower left lobe was airless and solid. The last two dorsal and upper two lumbar vertebrae were considerably destroyed, especially on the left side, and the pus contained the actinomycetes. In sections from the lungs and the wall of the peri-pleuritic abscess, the ray fungus was demonstrated. It was also present in the teeth. The bronchial glands, liver, spleen, and kidneys were free from the fungus.

THE USE OF TANNIN IN PULMONARY TUBERCULOSIS.

(Extracted from *Annales de Medicine* and translated by E. W. Bing, Chester, Pa.)

I.

The experiments of MM. Raymond and Arthand, tending to show the effect of tannin, in rendering the organism

⁷ Deutsche Medicinische Wochenschrift, June 2d and July 28, 1892.

⁸ Med. and Surg. Reporter, June 4, 1892.

⁹ Deutsche Medicinische Wochenschrift, Nov. 5, 1891.

¹⁰ British Medical Journal, July 16, 1892 Meunchnr Med. Wochenschrift. June 14, 1892.

¹¹ Brit. Med. Jour. April 16, 1892.

¹ Deutsch Med. Wochenschrift, Aug. 4, '92.

² Med. Press and Circular, Jan. 27, '92. Deutsche Medicinische Wochenschrift, Jan. 14, '92.

³ Deutsche Medicinische Wochenschrift, February 11, '92.

⁴ Deutsche Medicinische Wochenschrift, Dec. 10, 17, 1891.

⁵ Brit. Med. Journal, March 26, 1892; Medical Chronicle, June, 1892.

⁶ Epitome of Medicine, May, 1892; Jour. de Med. et Chirurgie, May, 1892.

refractory to tubercular infection, have already been noticed. They are sufficiently demonstrative for us to refer to them again.

The rabbit is, as is well known, the most sensitive of animals towards the tubercular virus, so much so, indeed, as to cause some observers to take exception to the remarkable experiments of Villeniin. The animal is extremely susceptible, say they, but it is abundantly proved that it never becomes tubercular except by contagion. It is precisely this great sensitiveness of the rabbit which appears to us to give significance to the following facts: Three rabbits were given food, to which tannin was added, and three other rabbits had the same food, minus the tannin. The six were inoculated with virus from a guinea pig, dead a few hours previously from tuberculosis. The three rabbits of the second part succumbed, one rapidly from an intercurrent affection; the other two from tuberculosis, within three months.

The three rabbits of the first part, those who had had tannin, escaped.

These rabbits, and three fresh rabbits, were then inoculated with virus from a patient suffering from acute pulmonary tuberculosis. The fresh rabbits succumbed within the usual period of three months, whilst the twice-inoculated rabbits remained free from disease, and on being killed at the end of ten months, presented no tubercular lesions.

These experiments were repeated and confirmed.

A. Cecehrelli experimented on a different plan. Into a large dog he injected four grammes of an alcoholic solution of tannin of a strength of three to fifty. Immediately afterwards, he injected an emulsion of phthysical sputa, swarming with bacilli. The dog continued to take tannin. He did not become tubercular; yet, the same sputa, injected into a rabbit, gave a positive result. As it might be thought that the dog was less sensitive to the infection than the rabbit, Cecehrelli repeated the experiment with a similar result.

It may, therefore, be concluded that "*tannisation*" in doses well tolerated by the animal, does render it refractory and hinders the development of the tubercular virus.

II.

What, however, would be the action of tannin, administered not before, or even at the time of infection, but after it had already occurred; when, in fact, specific lesions already exist. In other words, what is the action of tannin on phthisics? Tannin has a favorable action on the digestive processes. It regulates the gastro-intestinal functions, it acts as an alterative on the bronchial secretions, it diminishes or stops expectoration and sweats, it is anti-parasitic, anti-bacillary, capable of rendering the soil refractory to tuberculosis. It acts in short, as a specific against Koch's bacillus. For these reasons, and thanks to its action on nutrition, it ameliorates at the same time the general condition. Arthrand presents some statistics: Out of 1,263 patients treated by tannin 612 were discharged as cured (having regained their normal weight and presenting signs of pulmonary sclerosis), 239 improved. These results are more satisfactory than those obtained by any other treatment. De Marco, Herard, Darenburg, Boudet and others corroborate this statement.

III.

What are the effects of the "tannin" treatment?

Cough diminishes, expectoration becomes less, or ceases; sweats are arrested, the general condition improves, and this within a few days. In a short time weight increases, the gastro-intestinal functions become regular. The duration of treatment from the incubation of the disease to the time of cure is from four to five months (barring relapse from any cause).

The treatment is most effective in proportion as the attack is recent. In the invasion stage, cure may be considered as usual; almost the rule, in the primary or secondary stages. Unfortunately, patients are seldom seen at this period. Numerous cases are also at the *debut* of the disease. Of these the hereditary cases get well more slowly than the others presenting an equal amount of lesions. In the stationary period, out of 309 patients, Arthrand had twelve deaths, 74 improved, 79 cured and 140 temporarily benefited.

He concludes that pulmonary tuberculosis may be cured when the anatomical lesions are not sufficient to bring about asphyxia or inanition. Under tannin the lesions cicatrize in a sensibly constant time, following the method of spontaneous cure. The improvement parallels that of nutrition.

Is the cure absolute? At present it would be venturing too far to affirm this. That is rather a work of time, hygiene and symptomatic medication. It is requisite, as in syphilis, to watch for relapses. The parasite is reduced to a harmless condition; it is not destroyed. Tannin does not extinguish the pulmonary signs; on the contrary, it develops them; it provokes, in a manner, reaction, determining the expulsion of the necrosed tissues.

IV.

What are the doses and mode of administration of tannin according to Duhoué? The tannin must be perfectly pure. Commercial tannin often contains a proportion of ether, which renders it difficult of toleration. This impurity may be avoided by using extract of catechu or rhatany. The dose should be from three to four grammes a day (minimum dose, two grammes); with tincture of the above drugs a double dose is necessary.

Arthand uses the following formulas:

1. R. Vinous solution

Potass. iodid.	10 grammes
Tannin (extr by alcohol)	20 "
Glycerin	150 "
Alcohol	50 "
Wine of "banyals" qs ad	1 litre

Dose: A wine-glassful after each meal.

2. R. Iodo-tannic solution

Potass iodid	10 grammes
(Or Tinct. iodine)	5 "
Glycerine	200 "
Alcohol	50 "

A spoonful in wine before meals.

[The addition of iodine is useful as an aid to resolution of exudations, as an eliminator of necrosed tissues, as a relief in dyspnea, and as a anti-hemorrhagic.]

3. R. Electuary

Tannin (pure)	10 grammes
Honey	qs

 For 20 boluses, 4 to 6 per day.

4. R. For children

Fl. ex. Rhatany, 50 per ct.	30 grammes
Syr. mulberries	250 "

A coffee spoonful five times daily, with or without wine.

V.

It would be futile to believe that all that is necessary in phthisis is to give tannin. The treatment constitutes in some sort the specific medication, it is also necessary to follow out symptomatic treatment; the first is addressed to the bacillus, the second to the lesions. In addition to this a proper and sufficient alimentation is necessary to combat the progressive denutrition.

A LITTLE WHOLESOME ADVICE TO THE LAITY.

1. Leave your bedroom window open at the top, except in damp weather; the night air is purer than that of the day, despite the alarming fairy tales of our grandmothers; but, when you arise in the morning, close the window, and pull down the blind, until you are completely dressed.

2. Get your wife to tack a band of flannel, about a foot wide, on the inside of your undershirt, over the region of the kidneys. This will save many a cold, backache, and derangement of important organs. If you haven't a wife, get one.

3. If you will drink intoxicating liquors, do so only at the time of eating. This, at least, will mitigate the direct effects of alcohol on the lining of the stomach; for the presence of food causes the gastric fluid to flow, and this protects the delicate membrane. To avoid a bad taste in your mouth in the morning show your good taste in what you put in it at night. If the bad taste persists, and is not due to indiscreet eating or drinking, have your heart examined.

4. If you will smoke, give a better price for your cigars, and reduce the number. And do not smoke your cigars "to the bitter end," but throw the stumps into the street. The Italian *gamins* will gather them in to sell to the cheap cigarette makers; so you may some day meet your old flame again, under a different guise.

5. In partaking of joints, eat only the flesh and fat, cutting out the veins and other vessels. They are useless to the economy, and only give the stomach work that will not be paid for.

6. When, by friction of the surface of the limbs or body, little rolls of solid are produced, they are the *flotsam* of wrecked tissues, which encumbers the functions of the skin. Get a Turkish bath, and throw off your debris. You will then breathe through your whole body."

LOUIS LEWIS, M.D.

PRESCRIBING QUININE.

By T. V. CRANDALL M.D.

PHILADELPHIA, PA.

IT is well known by experienced physicians that quinine alone is often a relief only, and a disappointment as a cure for malaria. It also frequently occurs that the patient unfolds the prescription in the presence of the physician, and the latter is informed that quinine don't agree with the former, and he cannot take it or that he bought a hundred pills of quinine (?) for twenty-five cents and they did not do him any good.

For a number of years I have used the formula of pil, hydrastis quinine comp. No. 1 and No. 2. Almost invariably liver complications exist before the more pronounced symptoms of malaria appear, when I use No. 2 formula, which I give here first as they are so known in the apothecaries store.

R. Quiniae Sulph. grs. ccc
 Piperine grs. xxv
 Hydrastine (Alkaloïd) . . . grs. x
 Strychniae Sulph. grs. ij
 Hyd. Chlor. Mit grs. v
 M. ft. pil. 100.

The No. 1 formula is about as good a remedy for the neuralgia resulting from malaria as any I have used; also as a tonic one three times a day. It is the same as above with the one-fiftieth of a grain of arsenious acid instead of calomel.

They are made and sugar-coated by the Mulford Company and have the advantages of uniformity, pure material, accuracy, and so far as the patient is concerned, a degree of secrecy, unless your druggist is too loquacious.

Clinical Lecture.

VENTRAL HERNIA.

[Clinical Lecture Delivered at the Jefferson Hospital, October 17th, 1893 by E. E. Montgomery, M. D., Professor of Clinical Gynecology, Jefferson Medical College; Gynecologist to Jefferson and St. Jo eph's Hospitals; Obstetrician to Philadelphia Hospital.]

GENTLEMEN:—The patient I bring before you to-day is a young woman who has twice undergone abdominal section in the wards of the Philadelphia Hospital, the second time at my own hands. The first operation was done for an attack of peritonitis, when an ovary

was removed, and the abdomen closed without drainage. She had a rather protracted convalescence, with want of union of the wound at two points, resulting in abscess cavities. When I saw her five weeks after the operation, she had been vomiting stercoraceous material for several hours and looked almost in a state of collapse. She was hastily cleansed, the abdomen opened in the line of the former incision, and some four feet of small intestine separated from extensive adhesions. A volvulus was found in the ilium, which was untwisted. In tearing up the adhesions, probably over one hundred places occurred in which the intestine was torn into the muscular layer. Some heavy braided silk which had been used to ligate the pedicle was removed from one side of the pelvis, and an ovarian abscess from the other. The abdomen was thoroughly irrigated and closed with a single row of sutures, the drainage tube being placed in the lower angle of the wound. The fluid poured into the cavity was not drawn off and the abdomen was subsequently irrigated with a boro-glyceride solution, leaving as much fluid within the cavity as it would retain. This was done with a view of having the intestines float in liquid, and thus prevent the formation of unpleasant adhesions. Twenty-four hours after the completion of the operation, the entire surface of the body was covered with traumatic purpura, giving an appearance as if all the capillaries had ruptured. She was exceedingly feeble, vomiting, and later there were copious discharges from the bowel of apparently broken down blood and debris. Notwithstanding this enfeebled condition she survived, but the convalescence was slow. For three weeks her pulse was not below 106; the greater part of the time between 140 and 190. She became greatly emaciated and later developed an abscess of the labium. The lowered vitality resulted in defective union, consequently we have had a ventral hernia. As she lies upon the table before you, you will notice there is quite an opening in the muscular walls, in which we have the intestines covered only by the skin and peritoneum through which coils of the intestines can be readily seen. The muscular wall is firm on either side. I propose to make my inci-

sion along the margin of one side in order to expose the muscle and aponeurosis. Opening the abdomen I find what I did not expect, that there are no intestinal adhesions to the line of union. In fact, as I move the intestines about, there is but one point at which a band, and that a single band, of adhesions is present. The intestines are particularly free from adhesions. The thin integument and peritoneum is cut out and an incision made through the connective tissue down to the muscle, dividing it into two layers. One layer with the peritoneum is closed by a silkwormgut sutures. Over this a second layer of silkwormgut is used, and finally in the adipose tissue the continuous catgut suture, closing the wound with silk introduced immediately beneath the skin, excepting at either end. Before introducing the sutures we examined the omentum, and found a number of openings in it, consequently a portion of it was removed, as it was not felt safe to permit the fenestrated omentum to be returned for fear a knuckle of intestine might slip through and become strangulated, producing an effect similar to that which might occur in hernia of the intestine through one of the outlets. The subject of ventral hernia is of considerable importance, as it is one of the most frequent lesions resulting from abdominal section. Where the wound is closed by a single row of sutures, the muscle and aponeurosis is not always brought in close apposition; the result is that the wound stretches, permits giving way, and the development of hernia. This may be simply at one point in the wound, or the entire wound surface may give way. The important structure in the maintenance of the abdominal walls is the aponeurosis and measures should be taken in all operations to see that its edges are brought in close apposition. I have been recently in the habit of introducing buried silkwormgut sutures, passing them through the peritoneum, muscle and the aponeurotic covering. These sutures are tied, bringing the edges of the aponeurosis in apposition, and are cut close and the wound superficially is treated by a second row of sutures, or as I have been doing of late, a continuous catgut suture, or what is probably preferable, the introduction of a buried

stitch immediately beneath the coreum of the skin, passing from one side to the other in the manner used by Marcy with the kangaroo tendon.

Lecture.

THE PHILOSOPHY OF MAN.

An abstract of a Lecture before the Garretsonian Society. Delivered at the Medico Chirurgical College, Philadelphia, Nov. 14th, 1893.

By JAMES E. GARRETSON, A.M., M.D.

WHAT is philosophy? Is it aught but knowing? A person cannot become a philosopher unless he or she possess desire and means for investigation; and these are one with a spirit of inquiry.

Can man know anything truly? He can know his world. Man is identical with his world, and it, in turn, is identical with him; therefore, world being man, man is conversely world. What is found in one is found in the other. Understanding of one is identical with understanding of the other.

Man may know everything he is capable of knowing. This capability relates with a circle that is his world and which is in no sense complicated. Common sense is a very little part of a philosopher's sense; it is uneducated sense; it sees, hears, feels, tastes and smells; that is all.

Educated sense is one with inquiry: it infers analysis. The more a man is educated the more he analyses. Man knows up to his capability of knowing; hence, man's world is his capability, and his capability is his world. Capability is not as a straight line, else it would go on forever. There is a limit to capability, hence, it may be regarded as a circle being confined within itself and having nothing to do with that outside of itself it returns constantly on itself. God does not expect of a man anything outside of that man's capability.

Capability lies with a tripartite condition; viz: Man is consciousness, that is to say he is Ego; he is matter, as seen in his body; he is God, as evidenced by his soul. The tripartite fact is undisputable, nor is there to be found in man's universe what is not found with

him, viz: this trinity, and, therefore, we can find in the universe only God, consciousness and matter. There is a seeming paradox that here obtrudes itself. The great Spinoza once said to the learned Rabbis "your Bible teaches that in the beginning was God." "Of this," they answered, "there is no question." And He is omniscient," meaning by this that He occupied all space? "Not to be doubted," they said. Answer me then, —how could the God out of himself create a thing unlike himself? Here is pantheism in its essence. Do you think the great Spinoza grasped the right idea?

Can the gracious God, of whom I so love to speak, and on whose words it is delight itself to meditate, make a thing different from the material out of which it is made?

To say that a man is identical with God is seemingly not less atheistical than presumptuous, but in the Spinozian sense is anything else to be said?

But we are not to anticipate.

We are here this winter to get understanding of the circle of the man's universal, and to find freedom from confusions and doubt. Not coming to this, the lectures will have been in vain. We may know much if we will try to know.

The philosophy we study consists of a circle wherein all is light. He is a very nothing who is without ability to go 'round this circle, and he is less, if the thing be possible, who is without desire to go 'round it.

Sectarianism is the weakness of the day. It is one with difference. Can difference be truth? This we are, later on, to consider in connection with reasoning. To reason is to find understanding that is above reason.

The more a man is educated the greater becomes his thinking capacity. A man may become so educated that he may veritably perceive and walk with the God. We get to over thinking on baser things and, therefore, get away from the finer. Muscle is antithesis to spirit. One may think so intensely on God and things spiritual as to become God; this has long been understood. There is nothing natural that is not spiritual, and, conversely, there nothing spiritual

that is not natural. The two are one, yet antithetical. To know that we are spiritual and yet natural is to know that we are natural and yet spiritual. That natural and spiritual are one is to be proven in the course of these lectures.

Let just here a preliminary hint be directed toward mind.

What is mind? Has, for example, a baby mind? Does a baby know? Is it possesd of intelligence?

Mind, when analyzed, is found to be but a showing forth; therefore, the converse is true, he who has nothing to show forth has no mind. This is not to say he has not capability.

Look at an infant's brain; the circumference of it is almost void of convolutions. Take the brain of a philosopher or thinker; the gray matter here is in abundance and the convolutions excessive. Why is this? Do the gray cells expand when thoughts are thrust into them? By constant use the brain changes. The more thought the more change. No thought, no mind. Consciousness resides not with matter. *Brain is not thinker.*

No one knows what anything is from the common sense stand point. Educated sense is *the intelligence* as it is one with reason. Reason is one with comparison. Comparison is one with things to compare. Things to compare one with experiences.

Can a baby compare? Has it experiences? Is Reason on the other hand, to be accepted as the teller of truth? Is that truth which differs? Do not reasoners differ? Men because they differ in experiences, differ in reasoning. There resides neither with common sense nor educated sense ability to tell the reality of anything.

A baby's brain is like unto a flute. To have flute music it is necessary to have not only instrument, but score and player. A baby is not player, by reason of being without score to play. No mind is one with no music. Brain is instrument simply.

To be continued in next number.

The TIMES AND REGISTER will be sent to any address, for one year, on receipt of one dollar before January 1st.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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Address all communications to

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PHILADELPHIA, NOVEMBER 25, 1893.

MEDICAL STUDENTS AND MEDICAL COLLEGES.

BY this time, all our medical colleges in this country, with few exceptions are in full blast. From what we can gather, the attendance in the principal schools of our great teaching centres, is very much smaller than it has been for years.

New York, Pennsylvania, and other States have enacted laws, which must needs greatly reduce the number of students coming from neighboring states.

If there is anything that one abhors in this world next to being repeatedly

dunned for a bill, it is examination. Now, in New York or Pennsylvania, before one is fully equipped to practice, he must put up stamps, for ten examinations. When he faces homeward or seeks a new field, he must stand two or three more. He must go through another state ordeal; and then, before he will be admitted into his state society he must go through another before the censors. So that, by the time he is ready to hang out his shingle, he is a pretty well examined man, and his funds have run low. Ambitious and enterprising young practitioners, have taken advantage of this condition of affairs and opened new schools, in the younger states; and, are keeping the students at home.

Another cause, perhaps, has been the hard times, the great difficulty "in making both ends meet" in practice; besides, the general raise in students' fees and greatly lengthened terms. Probably, the most salutary move has been raising the standard, of preliminary education.

We have been repeatedly requested to advise, which city and which particular school is the best.

We must answer in reply, that with few exceptions, all our regular schools now, maintain a reputable standing; but, we wish to warn the novice that *no* school can *make* him. He must lay the foundation of his medical household with his own efforts. The professor is like a guide-post, to show the the way, he will teach. The student must grope along, over the the quagmires of complex and intricate problems by his own efforts; as, he alone can learn.

We may say to him, that while the profession of medicine is an exacting mistress she is a just and generous one, who will reasonably provide for the wants of him who is her patient, zealous, and industrious votary.

T. H. M.

Annotations.

LET US HAVE A CABINET PLACE IN THE NATIONAL GOVERN- MENT.

DR. C. H. Hughes, of St. Louis, president of the American Medical Editors Association, in his address at the Editors' Banquet in honor of the Pan-American Medical Congress, and published in the *Alienist and Neurologist* said that "as a physician, a practitioner of the healing art, a teacher of medicine in school and with journal, I dare to proclaim that the wisest and best thing this Government can do, both for its present and future welfare, for its perpetuity and growth among the nations, the most powerful, most beneficent and grandest of governments, would be to create a Bureau of Sanitation not merely to keep out foreign epidemics of contagious diseases, but a psychical and physical sanitation of the many forms of disease of body and mind known to science and modern medical progress, and recognize the profession of medicine as it does that of law, of agriculture and arms, by giving the most distinguished and capable of its votaries a proper and deserving place in the Cabinet of the Nation."

EUCALYPTUS INUNCTIONS IN MEASLES.

AN article in the November *London Practitioner* by C. E. Shelley M. A., M. D. relates his experience, during the height of an epidemic of measles, with inunctions of oleusaban, a special preparation of eucalyptus. Five cases were treated as they were admitted to the hospital in a separate ward. The inunctions were applied night and morning over the surface of the body, and the eucalyptus emulsions given internally, and some of the liquid placed in saucers about the room. The results were as follows: Great drowsiness—sleep most constant.

Suppression of cough first three days.

Patients not thirsty, little discomfort of any kind.

Three had muco purulent conjunctivitis, all had thickly coated tongue with a white fur.

Delayed appearance of rash.

Temperature remained 102°—104° F. for four or five days before rash appeared. When rash appeared it was very copious, much raised, and of a notably dusky tint.

Laryngeal and bronchial catarrh developed with loss of voice in two cases.

Pneumonia in one case.

Convalescence more tardy than usual.

Desquamation free, and for a long period.

These untoward effects caused the abandonment of the treatment by oleusaban in other cases.

Letter to the Editor.

Allow me a little space for a few words in your journal by way of explanation suggested by your editorial remarks upon my letter entitled "A Plea for Professional Protection, and that Physicians Would Furnish their own Medicines," printed in issue of November 4, 1893.

In speaking of legislation for suppression of quackery, I thought that Congress could possibly make laws to suppress it and succeed, where individual states have failed.

In your editorial I fear that in one respect you do not understand me, that you failed to understand the wording of my letter in one important particular, which, I confess, could have been expressed by me more fully, though I thought my expression would be understood, and it taken for granted that the physician in this enlightened age would avail himself of all improvements. You will notice on page 99, upper part of second column, that in speaking of medicines, I say, "Now that the preparations of medicine has become so perfect, the drug stores are not needed." I thought that anyone would understand that I referred to retail drug stores, not wholesale drug stores and manufacturing chemists, such as P. D. & Co., and S. & D., etc. In using the last quoted sentence I thought anyone would understand that the words "improvement in medicines," used in connection with the mention of the old time preparations meant all of the improvements in chemistry, and in the preparation of medicines, by the most approved modern machinery

and manipulative skill, enabling us to have the best prepared extracts, alkaloids, and all of the improvements in sugar coating, pills, granules, tablets, &c. This is the improvement that now renders it possible for physicians to do away with the old time preparations, and enables him to furnish his own medicines. Therefore, I do not wish to be understood, that I did not favor the use of hypodermic syringes and tablets any more than I meant, when saying that a physician should use his own medicine, that he should go in the forest, collect roots, etc., and make teas, in place of using fluid extracts made by the best machinery.

My term "improvement in medicines," of course, includes the indispensable granule list. I would not do without the granules. I have found *great* success in treatment, and a great saving in trouble and expense by using Dr. W. C. Abbott's granules. To make myself clear as to proprietary compounds, I meant all articles that push themselves between the physician and patient by their labels, indicating diseases for which they are suited, and so worded as to teach the laity to use them without a physician. For instance, if I prefer the granules sold by Dr. Abbott, Ravenswood, Ill. this is according to my fancy or experience. I only use his name in order to get the preparation desired, or, if I prefer a fluid extract of ergot by P. D. & Co., or ergotole by S. & D., I order these articles by manufacturer's name, but these preparations are not in the shape of a ready made prescription, neither are they labeled for use by the laity. The maker's name, such as Squibb's Ether, or Powers & Weightman's Quinine only shows reliability and purity, but they are standard preparations, and do not vaunt themselves before the public. I think the U. S. Dispensatory will and should enable us to draw the line as to proprietary medicines. It should contain all medicines used that are good, and then let the individual manufacturer's skill determine whose name shall be used in ordering. Take Fluid Extract Squill Comp, it is a standard preparation, though one might prefer the preparation put up by P., D. & Co., and another that put up by S. & D. Now if either one of these firms should put up this medicine, mentioning all the

diseases for which it could be used, and push it under their trade mark, as a superior cough medicine and expectorant, then the physicians, according to the meaning in my letter, should discountenance this preparation by said firm, and order by name of a manufacturer who only uses his name as maker to profession to insure purity, etc.

You say in your editorial that "there may be occasional prescribing over the drug store counters." I will leave this question to the vote of the profession, believing that if each doctor will state whether or not to his knowledge, there has not been counter prescribing, or refilling of prescriptions, either in his or a brother physician's practice, and I venture to assert if all would speak, there would be a large majority on side of finding fault with drug stores in this particular.

You say in your editorial "It is always safer that a prescription should go through at least two hands before it is compounded."

A doctor must not make a mistake. Surely a physician should be as competent to compound his medicines as he is to diagnose and prescribe.

If it should always go through at least two hands, how can a doctor safely leave a line of granules for patient's use at night, without the assistance, aid and protection of the druggists? There are many good druggists though, as my letter expressed it. I think that physicians should work for one another and not for the drug stores.

TRANSYLVANIA M. D.

[The letter was not misunderstood. The substance was acknowledged to be good and worthy of consideration by the profession. We did not suppose the writer *intended* to class the manufacturing chemists with proprietary manufacturers. We drew the point out to avoid the danger of confounding the two. We reiterate the statement that a *prescription* should go through at least two hands—the second hand need not necessarily be a druggist; granules and tablets are not prescriptions in the present meaning of the term. Competent physicians error in diagnosis and treatment, so they do occasionally in prescriptions. We all are but human.—Ed. T. & R.]

A MEDAL AWARDED TO THE BOSTON CITY HOSPITAL.—A medal has been awarded the Boston City Hospital for the completeness and excellence of its exhibit at the World's Fair.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

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PARTNER WANTED.

CAN you give me the address of an active physician, that would like to take a half interest in a paying Sanitarium. The one-half profits are from four to six thousand dollars per year and only a small amount of capital required, not exceeding \$1500 to buy half of the fixtures.

Position open until the first of January. The business can be increased to double the amount. A thorough scholar required, well up in modern medicine, experience not essential. Cases of alcohol, opium and cocaine are treated, and also electricity applied in all of its modern forms.

If you know of a good man with temperate habits, I can put him to work at once.

A. E. B.

Care of TIMES AND REGISTER

ENURESIS.

MY son, thirteen years of age, suffers from incontinence of urine (nocturnal only), and I have exhausted my skill to very little purpose; obtaining only temporary and very uncertain results. He is a little under sized; and, though very active, keeping well up to his schoolmates in studies and in their games and sports, yet has that diffidence and averting of the eyes characteristic of these cases. I do not know if the following conditions obtain in all cases of incontinence, but in his case his first sleep at night is very profound, and, no matter how thoroughly he may have emptied his bladder on retiring, within an hour

or two he will wet the bed; or, if he is roused, will void a large quantity of urine; he returns to his bed, *and there is no further danger that night*; he will go through the night without further micturition.

As in these cases he inclines strongly to lie upon his back, with knees more or less drawn up, and, if roused and turned upon his side, will shortly on going to sleep come back to the same dorsal position. I am at a loss to account for the abundant secretion of urine during the first hour in bed. It beats me and I have studied over it constantly. I was never troubled myself when a boy, nor was any of my brothers or sisters, neither my wife or her family, but my son by another wife was troubled occasionally in this way when quite young, say, up to five years old. I do not know just when he recovered fully, as he went to live with my brother in Mississippi at that time. As you may suppose, I have tried every remedy that has that has recommended itself to my judgment as offering any hope of success, but I have not made a slop-hopper of his stomach, I have not omitted the use of strychnine as a nerve tonic; in fact, I believe that was my first effort. Now, doctor, if you can, and are inclined to throw the light of your experience and skill on this case, you will confer a great favor on me, as you may readily believe, whatever the result may be.

[(1). Insert an acorn-pointed flexible sound in the urethra; and, if the mucosa be unduly sensitive, inject bismuth subnitrate, dry, or mixed to creamy consistence with water, every day until the abnormal sensitiveness has disappeared.

(2). Give a full dose of atropine, enough to dry the throat and dilate the pupils, or, what I believe to be better, hyoseyamine, at or shortly before bedtime.

(3). Fasten a walnut in a broad flannel belt, arranged so that when he rolls over on his back the nut will bump his spine and either wake him or make him turn back to his side.

(4). Let him sleep on a hard bed, not too warm.

(5). See that the prepuce is retractable and does not conceal a mass of smegma; a common source of irritation.—W. F. W.]

DEAFNESS.

I CONSIDER the Bureau of Information a valuable department, and for the first time avail myself of the opportunity of asking a question.

My wife, age forty-one, mother of two children, always been healthy, never had scarlatina, diphtheria or any serious illness; never had catarrh to any extent. Eight or ten years ago she began to notice that her hearing was slightly defective. This gradually grew worse until two or three years ago, it became so marked that she could not readily hear ordinary conversation, or a lecture or sermon by an ordinary speaker.

Since then the difficulty has remained about stationary. About that time she complained of ringing sounds in the ears, and after consulting a specialist, I practised inflating the eustachian tube with a politzer bag, which seemed to relieve that trouble, but did not improve the hearing.

Later I took her to another specialist, and under him she took a course of treatment with little or no benefit, unless, possibly, the disease was arrested.

Perhaps I ought to state the pathological conditions: There are no evidences of catarrh, the drum is intact, with no appearance of disease except a thickened and dull appearance of the membrane. The specialists who were consulted, did not give much encouragement as to a cure.

Now, I would like to know what you think of the case, and *especially* if there is any appliance which is so small that it will not attract marked attention, and still collect the sound waves to a sufficient degree to aid her in hearing a public speaker or ordinary conversation. She is too sensitive to use a large trumpet, but has been anxious to use something. She has heard of Peck's patent ear drums, but with the membrane intact, I can conceive of no benefit from such a device. I see in a catalogue cuts of "silver cornets," which are small.

If you know of anything valuable, please inform me and oblige.

A. B. Fitch.

[If the deafness be due to thickening of the drum, why not try the application of glycerine to it; a few drops every night. I do not know if aural surgeons cut away a thickened drum and replace it by an artificial one, more pervious to sound-waves, but such an operation ought to be available.

There is a little instrument that fits into the ear, and is said to be quite useful. It does not project beyond the concha. I procured a pair for a patient

some years ago, and they proved satisfactory. Write to Snowden, 1107 Walnut St., Phila., about them.—W. F. W.]

SMALL POX AND VACCINATION.

AS small pox is becoming prevalent in many localities will you at as early a date as possible kindly give us an article through the TIMES AND REGISTER, on the prevention and best methods of treating that disease and also on vaccination, methods effects, etc. and oblige,
AN OLD READER.

DECATUR, O.

[Since receiving the above the editor has been trying to obtain something new on the subject of small pox from observers in localities where this disease has broken out recently, but, so far, his efforts have been in vain. It is possible something relative to the late epidemics may soon be sent in which will merit publication.

If one peruses such works as "Pepper's System of Medicine," "Keating's Cyclopaedia of Diseases of Children," and later editions of our text books on medicine, he will find at length admirable articles on the subjects of variola and vaccination, which want of space forbids extensive quotations here.

Regarding preventative treatment of this disease it is almost needless to say that strict quarantine of the patients afflicted is necessary, that good cleanly surroundings, well ventilated rooms in an upper part of the house and careful nursing should be obtained. Diet should be light yet very nutritious. During the stage of suppuration a severe drain upon the system is present and stimulants may be required. While it has not yet been proved that any drug has a specific action on this disease, yet, several have claimed that antipyrine or acetanilide have extremely beneficial influence. That they should be administered with caution, when the system is weakened, goes without saying, for everyone knows the depressing effects of this class of remedies.

In general this disease may be treated as any other contagious disease, scarlet fever for instance, the differences in onset, complications and sequelæ, of course, being noted. When severe nervous symptoms manifest themselves during the stage of invasion, chloral and bromides are often valuable. If the temperature be high acetanilide and sponging with tepid, antiseptic water may be of benefit, supporting the heart the while. For the vomiting cocaine in small doses has been tried with benefit. Other gastric sedatives are also beneficial. During the period of eruption relief of the irritation to the skin and mucous membranes is necessary. This may be accomplished by cloths wet with warm water spread over the arms and face. The important point is to prevent pitting and to do this the patient must be kept from scratching or abrading the pustules. It may be considered advisable to paint the surface of the face and hands with white lead—this drying leaves the surface protected from the air and prevents itching. Collodion may be used in place of the white lead. Of course it will not do to interfere with the excretory functions of the skin entirely, but small localities may be painted without harm.

Carbolated zinc ointment has been used with benefit to allay irritation and heal the pustules.

As the pustules approach maturation the physician must be on the watch for any symptoms indicating failure of development, and stimulate such. Attention to regulating the bowels and such hygienic indications as required from time to time must be kept in mind. Returning to the preventative treatment, other members of an afflicted household must be promptly vaccinated, and re-vaccinated if necessary. This can be best done by fresh humanized lymph which is more rapid in action, and, hence, more certain of success in prevention than bovine lymph.

VACCINATION.

The term vaccination is derived from *vacca* "a cow," on account of the discovery, by Edward Jenner, that small-pox could be prevented by the inoculation of cow-pox, a similar disease of lesser intensity, but which renders the person having had it proof against the contagion of small-pox.

The lymph for inoculation is generally obtained from calves, bred for the purpose, and consists of the serum from the vesicles appearing in cow-pox. As now obtained the lymph is taken on quills or ivory points from the vesicles, dried and sold for use. Generally speaking the fresher obtained the better, but a point should not be over seven to ten days old, at the most, to insure any degree of success.

The part to be vaccinated should be bared, scrubbed thoroughly with castile soap and water, the points of the vaccinator should be placed in hot water to sterilize them, and then a series of scratches made in the skin, enough to draw a little oozing of blood and serum.

The lymph end of the vaccine point, having previously been dipped in tepid water, is then thoroughly rubbed over the denuded spot, and this is allowed to dry before replacing the garments over the parts. It has been my practice to place over the spot a little clean muslin, secured by a strip of adhesive plaster, to prevent soiled garments from inoculating the wound with dirt or septic matter. I have generally found the vaccine to "take" better when this was done. Three to six days is required for vaccina to develop in successful cases. The operation is more apt to succeed when epidemics of small-pox are about. As a rule once in seven years the operation should be repeated. The first manifestations of vaccina from inoculation as above described are a small hard pimple at the point of inoculation about the third day; two days later this becomes a vesicle; in another day it has become umbilicated and divided into eight or ten cells like the small-pox vesicle. In eight or nine days complete development has been attained, the vesicle is full of fluid and raised above the surface of the skin. At this point or earlier lymph may be taken for other inoculations if desired, but by no means any later. The next phenomena are the inflammatory redness about the vesicle and the pustule, or suppurating process within the vesicle.

The areola attains a diameter of two or three inches, bright red in color. The arm or part vaccinated, is painful, feels heavy and lame. The adjacent lymphatics are swollen, constitutional symptoms appear, headache, chills, fever and general malaise. After the tenth day there is rapid decline of symptoms.

If no septic material has been inoculated the recovery is uneventful. For fuller descriptions the inquirer is referred to the above mentioned works.
—Ed. T. & R.]

OBITUARY.

SIR ANDREW CLARKE

Sir Andrew Clarke, the well-known physician, died November 6th. He suffered a stroke of paralysis several weeks ago.

Book Notes.

AN OUTLINE OF THE EMBRYOLOGY OF THE EYE, with illustrations from original pen drawings by the author. By Ward A. Holden, A.M. M.D., New York, N. Y. G. P. Putnam & Sons, publishers.

This book, the substance of which took the Cartwright prize for 1893, consists of a study of the embryology of the eye from the standpoint of chick and pig-embryos, with illustrations well executed. The work is neatly and prettily bound and well adapted to those wishing to make a special study of the eye.

EXERCISE FOR PULMONARY INVALIDS. By Charles Denison, A. M., M. D., Denver, Col. Published by Chain & Hardy, Denver, Col., 1893. Price 35 cents.

The above named work is the contents of a paper read before the Medico-Climatological Congress, at the World's Fair, June 1, 1893. It is well illustrated, neatly gotten up, and gives some excellent rules for living in open air, and combining with it methods of proper exercise for persons afflicted with, or having a tendency to pulmonary disease.

The brochure is well worth the small amount charged.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in Red Morocco, with Flap, Pocket and Pencil Loop. Price Post-paid, \$1.00. Published Annually by the ILLUSTRATED MEDICAL JOURNAL Co., Detroit, Mich.

This popular day-book is now in its 16th year of publication. It is good for thirteen months from the first of any month that it may be begun, and accommodates charges for fifty patients daily for that time, besides having cash department, and complete obstetric records.

There is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name-space. Name of each patient needs to be written but three times in a month. It has the usual printed matter, such as : Dose List ; Poisons and Antidotes ; Urinary Tests ; Exanthematicæ ; Disinfectants ; Weights and Measures. The book is seven and a half inches long and three and a half inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

THE PARLIAMENT OF RELIGIONS.

We take great pleasure in announcing to our readers the early publication of a work interesting and valuable to all, "The Parliament of Religions" at the Columbian Exposition. Will be issued complete in one large octavo volume, and will be a careful compilation of all of the proceedings--at once a fascinating story and a book of universal value. A narrative of the grandest achievement in modern religious history. The book contains origin of the Parliament of Religions ; proceedings of every meeting of the Parliament ; speeches delivered and papers read at every session of the noted gathering ; the beliefs of the various religious denominations ; opinions of eminent divines in regard to the Parliament ; influence of the Parliament upon the religious thought of the world. Published by F. T. Neely, Chicago. 1000 pages. Price : Cloth, \$2.50 ; Full Sheep, \$4.00.

Books and Pamphlets Received:

OPERATIONS FOR APPENDICITIS WITHOUT REMOVING THE APPENDIX. By James M. Barton, A.M., M.D., Philadelphia, reprinted from the Transactions of the American Surgical Association, 1893.

ENTERECTOMY FOR OBSTRUCTIVE EPITHELIOMA AT THE ILEO-CÆCAL VALVE; SECONDARY ANASTOMOSIS OPERATION BY ABBE'S LONG INCISION. By James M. Barton, A.M., M.D.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, Ninety-Fourth Annual Session.

A NEW METHOD OF DIRECT FIXATION OF THE FRAGMENTS IN COMPOUND AND UNUNITED FRACTURES. By Nicholas Senn, M.D., Ph. D., L.L.D. Chicago. Reprinted from *Annals of Surgery*, August, 1893.

The Medical Digest.

THERAPEUTICS.

Papayotin and Carbolic Acid in Diphtheria.—Levy and Knopf have carried out experiments to show the solvent action which the ferment papayotin has upon diphtheritic membrane. This they found considerable ; and by combining it with an antiseptic such as carbolic acid, the latter was enabled to penetrate more deeply, in its turn destroyed the bacilli, and gave an opportunity to papayotin to weaken the chemical poison produced by the bacilli. The addition of carbolic acid to papayotin does not destroy its digestive power. The solution used therapeutically consists of ten per cent. papayotin and five per cent. carbolic acid, and is applied by brush to the membrane every ten minutes for the first two hours, and after that every two hours as much as possible, and likewise during the night. More recently they have made experiments with the non-poisonous thymol, instead of carbolic acid, in solution 2 in a 1000, and have had satisfactory results.—(*Berlin. klin. Wochenschr.*, No. 32, 1893.)

The Hygienic Value of Peroxide of Hydrogen.—Chemists have at last discovered a sphere of utility for peroxide of hydrogen beyond that of conferring the golden hue *a la mode* on jet black tresses. According to *Nature*, Van Tromp has discovered that one part in ten thousand of peroxide of hydrogen in water, if shaken up and allowed to stand for twenty-four hours, is usually sufficient to sterilize the water. Althoefer, however, considers that one part in a thousand is nearer the mark. Experiments made with waters purposely infected with cholera and typhoid bacilli respectively showed that in both cases these organisms were destroyed after twenty-four hours by this proportion of the salt. Moreover the addition in no way interferes with the dietetic qualities of the waters, provided, of course, that all traces of the poisonous chloride of barium employed in the manufacture of the peroxide have been removed. Moreover it is essential that the sample should be freshly prepared, as its strength, and conse-

quently its bactericidal power, is reduced when it has been preserved for some time. With this proviso, peroxide of hydrogen would appear to be a very useful agent to employ for household purposes as a protective measure during epidemics of typhoid fever, cholera and the like. Personally we should not feel certain of immunity unless we had boiled the water before, and filtered it after, the admixture with the peroxide, and then perhaps our readers would opine that its addition was superfluous.—*Med. Times and Hosp. Gazette.*

[What is this? If we boiled the water *before*, and *then* run it through the ordinary filter *after* the admixture of peroxide, we would feel confident that either the filter would become sterilized, or that the water would need reboiling after such a process. We certainly fail to see any necessity for filtering boiled water, which has been properly confined, much less the need of adding thereto peroxide of hydrogen, whatever value the latter may possess in sterilizing unboiled water.]

Action of Iodoform on Pus Microbes and on the Leucocytes.—Maurel, who is well known by his researches on the leucocytes, has undertaken to solve the problem, why iodoform, which is so efficacious in preventing or suppressing suppuration, should apparently have so little action on the pyogenic staphylococci.

Maurel subjected both the leucocytes of human blood and cultures of the staphylococcus to the action of iodoform in varying proportions and under varying conditions. His conclusions are as follows:

(1) Iodoform attenuates the virulence of the staphylococcus. While in the virulent state, this micrococcus kills our leucocytes in less than two hours—when it is subjected along with the leucocytes to the influence of iodoform, the latter preserve their movements for eight hours, at least, and even complete their evolution.

(2) The staphylococci which have thus lost a great part of their virulence (and to such a degree that they are seemingly devoured by the leucocytes with impunity), keep all their reproductive energy

unimpaired, so that virulence and the power of reproduction are independent properties.

A final conclusion is deduced that it is in both these ways—by augmenting the energy of the leucocytes and attenuating the virulence of the pus microbes—that iodoform opposes suppuration, which is, in the language of bacteriology, a massive slaughtering of the leucocytes. These teachings are in harmony with clinical experience as to the benefits of iodoform in preventing or arresting suppuration.—*Boston Medical and Surgical Journal*

Cocaine in Smallpox.—Dr. Saymoa, of Guatemala, after using this alkaloid in several cases of smallpox, states his results as follows:—*La Esc. de Med.: Med. Age.* Cocaine given continuously from the beginning can completely abort the disease. If given after the eruption has appeared, it will transform confluent or hemorrhagic into discrete forms. Sometimes when the cocaine is given from the beginning of the disease, the eruption assumes a *corneal aspect* and the pustules fall very soon. Cocaine prevents suppuration, hence there is no secondary fever, and no marks remain on the skin. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear, *and it must be continued without interruption.* The best preparation is the hydro-chlorate, and should be continued five or six days or even nine if necessary.

Losophan in Dermatology.—Losophan is described as a stimulating topical application which acts also as a detergent and a parasiticide. It has great power to arrest the development of bacteria and to destroy a great variety of viable disease-germs. This quality is due alike to the richness of losophan in iodine and to the fact that its basic component is creosote, the chemical name for the new remedy being triiodometacresol. Therapeutically, losophan exerts a favorable effect in the parasitic affections of the skin of most common occurrence, such as herpes and pityriasis versicolor, as well as in cutaneous diseases due to the action of animal parasites. In some of these cases a complete cure has been obtained. Losophan

has, also, successful results in prurigo, in chronic infiltrated eczema, sycosis vulgaris, acne vulgaris and rosacea. Its use seems contra-indicated in all acute inflammatory diseases of the skin in which it naturally provokes some irritation since it relies upon its stimulating powers in inciting a return of the skin to its normal condition. In all mycotic conditions Iosophan has been very successfully employed.

NEW PREPARATIONS.

Experiments with a New Diuretic Preparation* (Theobrominlithium—Lithium salicylicum).—In January, 1888, in the Copenhagen Medical Association the lecturer reported on some clinico-therapeutical experiments with caffeine-paraldehyd and diuretin (on the basis of W. von Schroder's experiments on animals) and published his further results in the *Therapeutischen Monatshefte* of January, 1890. The usefulness of diuretin was later on confirmed by many authors, but still the high price of diuretin prevents this real diuretic from coming into general use. Experiments with a new theobromine combination—theobrominlithium—lithium salicylicum—have shown that this preparation is much more easily absorbed than the ordinary diuretin and that the therapeutical effects are obtained with smaller doses (3—4 gr.) just as well, or perhaps still better than with diuretin (6 gr.); the same therapeutical results are thus obtained with a saving of about twenty per cent.

As some patients have an idiosyncrasy for salicylic acid and its preparations, the lecturer tried how he could get on with the corresponding benzoic acid combinations; theobrominlithium—lithium benzoicum—did actually yield very good results, patients who could not support the salicylic acid compound, supporting this combination.

The dose of lithio-diuretin is 3—4 gr. daily; which is also the dose of benzoinlithium.

* From a report of a lecture held in the Copenhagen Medical Association on the 21st of March, 1893, by Dr. Chr. Gram, Copenhagen.

MEDICINE.

Syphilis Among the "Cliff Dwellers."—While in attendance at the World's Fair, among other places of interest and instruction, I visited the Cliff Dwellers' exhibit. In what they term the Museum, I saw, among other things, a number of skulls, well formed, showing a remarkable degree of intelligence. The hair shown was long, of a light brown color, and very fine in texture. On the side of one skull was seen a patch of necrosis, showing unmistakable signs of its being of syphilitic origin. As I stood transfixed before that silent monitor, the thought flashed across my mind, surely that old gentleman was not far wrong when he exclaimed, "There is nothing new under the sun."

Syphilis is a hackneyed subject, been worn threadbare by every "phool" in the country for the last twenty-five years, a subject upon which volumes upon volumes have been written, yet perhaps "The half has never been told." Who knows? Echo answers who!

Here we have confronting us the ocular demonstration of the existence of a people, by far the superior, intellectually to the Red Man of the plains of our own time, of whose history we actually know nothing. They may have lived, flourished, and died centuries before Columbus ever thought of there being a continent existing towards the setting sun, handing down to future generations the evidence of being contaminated with one of the horrors of what we are pleased to term "Our modern social evil.—Dr. Geo. McClean, in *Kansas City Medical Index*.

The Typhus Bacillus Discovered.—Professor Dr. Fraenckel, of Berlin, announces that he has discovered a typhus bacillus; and that by using this bacillus in vaccination, he has produced a rapid, benign course of the fever. Professor Dr. Rumpf has cultivated an anti-fever bacillus which, he says, will cure typhus in eight days.—*Sanitarian*.

Bacteriology of Cystitis.—At a spring meeting of the Gesellschaft der Aerzte in Zuerich, Dr. A. Huber (*Correspondenz-Blatt fuer Schweizer Aerzte*, October 1,

1893, p. 659) has communicated the outcome of his bacteriological examination of the urine in six cases of cystitis. All the cases showed a common feature in the presence of this or that pathogenic microbe in "pure cultivation (*Reinculturation*). In one of the patients the urine proved to contain the ordinary *streptococcus pyogenes*, while in the remaining five the author found rod-shaped microbes alone. In some of the five cases the bacilli most closely resembled, or, perhaps, were identical with, the *bacterium coli commune*, while in others some yet unknown species were discovered. All the micro-organisms proved highly pathogenic in mice, guinea-pigs, and rabbits. It is worth while, however, to mention that the author's attempts to induce cystitis in rabbits (by the inoculation of the bacilli) invariably failed.—*Provincial Med. Jour.*

OBSTETRICS AND GYNECOLOGY.

Bi-manual Signs of Early Pregnancy.—In an interesting article in the November number of the *New York Journal of Gynecology and Obstetrics*. Dr. R. L. Dickenson concludes as follows:

We offer, then, tentatively, *six bi-manual signs of early pregnancy*. Stated in the order of their appearance and importance, and in the order of the frequency with which they are found, they run as follows,—except that compressibility of the isthmus and the change in consistency of the body possibly outrank the rest:—

1. Bellying or bulging out of the body of the uterus.
2. Elasticity or boggiess of the body of the uterus.
3. Compressibility of the lower uterine segment.
4. The transverse fold.
About four to six weeks.
5. The longitudinal fold or furrow.
6. The denser spot.
About six to eight weeks.

CHILDREN'S DISEASES.

Differential Diagnosis of "Scarlet Fever and Rotheln."—(*Scarlet Fever*)

—1. Patient feels ill. 2. Initial fever lasts one week at least. 3. Period of in-

cubation, as a rule, from twenty-four to seventy-two hours. 4. Submaxillary glands, as a rule, enlarged. 5. Tongue strawberry-looking, red papillæ showing through the fur. (*Rotheln*)—1. Patient scarcely feels ill at all. 2. Initial fever lasts three or four days. 3. Period of incubation most commonly about eighteen days. 4. Glandulæ concatenatæ, as a rule, enlarged, but not the submaxillary. 5. Tongue almost natural.

As a physician remarked to me, the rash and peeling cannot be considered as diagnostic points.

—F. P. Atkinson in *London Lancet*.

Operation for Umbilical Hernia on the New-born Child.—Berger successfully operated on a female child thirty hours after birth. The infant was born strong, breathing well. The umbilical hernia was of the size of a small hen's egg, and covered by the membranes of the cord. There was a distinct neck or pedicle as thick as a forefinger, made up of integument alone, which was united to the membranes by a deep groove.

The lower part of the hernia was reducible, and the sac was there transparent.

Coils of small intestine showed through it; they could all be pushed back into the abdomen. The upper part was irreducible and in close relation with the vessels of the cord. After birth the hernia and abdomen were well washed and dressed with iodoform. On the next day the hernial sac was opened, and the small intestine reduced. The irreducible portion consisted of the cæcum, the appendix, and about one-third of the large intestine, all intimately adherent to the membranes of the cord. A layer of these membranes had to be detached and reduced, together with the bowel. This manœuvre could not be done until a free incision had been made along the median line, as in abdominal section. The sac was excised. The peritoneum, the aponeurosis, and the skin were separately sutured. The operation lasted an hour and a quarter. The sutures were removed on the tenth day; recovery was complete at the end of a fortnight.—*Nouvelles Archives d' Obstet. et de Gynecologie*.

NOTICE.

In response to the many requests from those who failed to see our stupendous offer in time during October, we have concluded to reopen it until January 1st. Whoever will send us one dollar before January 1st, can have the *TIMES AND REGISTER* sent to their address weekly (U. S. or Canada) during 1894.

Advertisers Warned.—*The Doctor of Hygiene* deprecates the tendency among some advertisers to place their business through advertising agents. Medical journal advertising should be done by direct correspondence with the several journals. Experienced advertisers generally know this. Others find it out by an experience more or less expensive. A medical journal advertising agency is a useless factor, drawing money from the advertiser or the journal, and making no return. We have in mind a vicious example of this sort, where an active man is traveling over the country and representing, or rather misrepresenting, himself as able to secure advertising space in medical journals for greatly reduced figures, and at the same time, secure the influence of the journals for his customers. Now it goes without saying that every journal that has been jeweled down by this "go-between" will remember it, and sooner or later will get even, both with the tricky canvasser and the illiberal advertiser. A glance at the medical journal files of to-day will show how injurious this system is. Obscure publications, of problematic value, who pay a commission to the agency of 40 to 50 per cent., are loaded with advertising, while others of great value and influence, who do not contribute to the support of parasitical agencies, are neglected. For example, Tilden & Co.'s trade organ might be compared with the *University Medical Journal*, not that there is any comparison, excepting the one is the recipient of advertising favors from a medical journal agency, and the other has been emancipated from what would probably have ruined it beyond repair.

MR. ERNEST HART, editor of the *British Medical Journal*, in an address to the Section of Public Health of the

Academy of Medicine, New York, advanced some rather interesting ideas upon cholera. In England, he said, quarantine was being less and less relied upon, while the Americans are, perhaps, looking upon it as a sure means of keeping out infection and contagious diseases and of warding off epidemics. The speaker said: "You can eat cholera, you can drink cholera, but you can't catch it, even if you run after it. The safest place in a cholera epidemic is a cholera hospital. If I were to put a cholera hospital in New York I would set it down right in Fifth avenue. It would make a panic, stir up the authorities to keep the Croton clean, the drain pipes clear, and the sewage connections perfect. You put your cholera patients away off on islands. This ought not to be." Mr. Hart said that there was no word in the English language more blessed than cholera. In explanation, he stated that the fear of it had saved thousands of lives and brought about better sanitation; better water, cleaner homes and purer air.

—*Gaillard's Med. Journal.*

Changes in the Medical Corps of the United States Navy for the week ending Nov. 11, 1893:—Surgeon Wm. Martin, ordered before the Retiring Board. Pd. Asst. Surgeon, N. J. Blackwood from Navy Yard, New York and to Norfolk Hospital. Pd. Asst. Surgeon, T. C. Craig ordered to Navy Yard, New York. Pd. Asst. Surgeon E. P. Stone, from Navy Hospital, Chelsea and to Mar. Rendezvous, Boston, Mass. Pd. Asst. Surgeon, G. B. Wilson from Marine Rendezvous, Boston and to the Naval Hosp., Chelsea, Mass. Med. Insp. B. H. Kidder, promoted to grade of Medical Director, Pd. Asst. Surgeon, Jas. E. Gardner promoted to the grade of Surgeon. Pd. Asst. Surgeon, Millard H. Crawford promoted to grade of Surgeon.

A SINGULAR REQUEST.

Family Physician—I can assure you my dear lady, that you have not the least trace of a liver complaint.

Patient, who longs to go to Carlsbad—But, my dear doctor, can't you provide me with it if I want it very badly?

—*Fliegende Blaetter.*

The Times and Register.

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A DISSERTATION ON THE TRANSPORTATION OF PERSONS, ILL WITH CONTAGIOUS OR INFECTIOUS DISEASE.*

By G. P. CONN,
 CONCORD, N. H.

THAT railroads and steamships, in their capacity of common carriers, may and do become disseminators of infectious and contagious diseases, can be assumed without any fear of the assertion being controverted.

It is a well known fact that small-pox came into Montreal in 1885, amid all the luxurious appointments of our justly celebrated Pullman service; that yellow fever came into Grenada and Memphis, as well as other towns, in 1878, riding in all kinds of coaches; that steamship lines every year bring to our shores more or less that are suffering from typhus fever or other contagious disease, and that ex-

perience has proven that all forms of transportation may and do become the avenues by which disease finds its way from place to place.

It is an equally safe assertion that there is no one connected with the management of our railroads but will disclaim any intention of their lines being used to spread disease, and at the same time they would gladly welcome any reliable information that would enable their lines to formulate rules and regulations that would overcome the difficulties that now surround the problem of sanitation as applied to railway transportation.

The public, since the epidemic of yellow fever in 1878-9, have become critical and easily alarmed upon questions bearing directly or indirectly upon the health of individuals, families or communities, and therefore state boards of health as well as municipal health officers oftentimes feel called upon to exercise authority at different points, much to the discomfiture of the management and patrons of great through lines of travel.

If we had a central or national board of health that could act in conjunction with the interstate commerce commis-

*Read at Annual Meeting of Railway Surgeons of New York at Academy of Medicine, Nov. 15, 1893.

sion, it is possible something might be done to give to the public and the management of roads some uniform method by which all might be governed ; but as we have nothing of the kind, it is quite time that associations like this and our national association of railway surgeons were discussing this subject, for we may at any time, in our association with railways and their management, be brought face to face with an epidemic travelling across our country with the devastating power of a cyclone.

To show that I am not the only one who holds this belief, I will instance the following: So long ago as 1884, W. Thornton Parker, Surgeon U. S. A., then stationed in New Mexico, in a paper read before the American Public Health Association, entered an emphatic protest against allowing people ill with contagious and infectious disease occupying cars in which the public were expected to travel. To quote from his paper, he said—"Not only are the ordinary cars thus constantly contaminated, but the more luxurious and expensive sleeping cars are very much used for cases suffering with whooping cough, scarlatina, and other diseases. Patients convalescing from contagious diseases are very commonly met with. I understand that quite recently a very prominent and educated lady travelled from San Francisco to Boston, and even beyond, with children sick with whooping cough. In this case a private compartment was used ; but, of course the danger of infecting other children was only lessened, not removed. Several cases of that most dreaded of all diseases of children, scarlet fever, have to my knowledge been communicated in this way. A healthy child occupies the same seat where a convalescing scarlet fever patient has been sitting, and falls a victim to this terrible disease. Such license is an outrage on the travelling public and should not be tolerated another day."

Such was the language of an acute observer nearly ten years since, and while state and local boards of health have made great advancement in most matters connected with sanitation, the condition remains the same in our railway cars. I am not certain but the conditions are worse, for I believe that with

the opening of new avenues for travel, far more people are passing over our roads in the pursuit of health than was thought possible ten years since.

At that time Dr. Parker suggested that railway stations officials, conductors and others connected with the train department, be required to prohibit persons suffering from contagious diseases from occupying cars used by the general travelling public. Surely a commendable suggestion, but I fear impractical, as these men could not be expected to diagnose disease. He added that a hospital sleeper could be furnished on through lines, and a medical inspector for large stations like those of New York, Chicago, St. Louis, and other large places, and said these inspectors should have the legal authority to force patients suffering from contagious diseases or convalescing from infectious disorders into these special cars. To-day this would not be considered practical, for small pox and diphtheria, scarlet fever nor measles would be considered fit subjects to be placed in the same car.

As another instance, allow me to quote from the address of medical director Albert L. Gihon, U. S. N. In the course of his address to the section "On Hygiene, Climatology and Demography" of the Pan American congress, on the occasion of its recent meeting in Washington. Dr. Gihon used the following impressive language: The consumptive, whose traits no professional acumen is required to recognize, frequents our crowded thoroughfares, sits beside us in unventilated street cars, and at the hotel table, occupies Pullman sleeping berths and shares the steamship state-room, wholly unrestrained and innocently ignorant that he or she may be sowing the seeds of disease among delicate women and children. Any one may verify this who uses his eyes for the purpose along the railway and coastwise steamer routes to our invalid resorts. Within a twelve month, on my way to Mexico by rail. I was a fellow passenger with two invalids in the advanced stage of phthisis, en route for San Antonio, one of whom occupied the opposite berth, and the other one diagonally across the car, so that I could see and hear them coughing and expectorating, with only such attention as well in-

tending but unskilled relatives could render. They had no vessels for receiving their sputa, which was discharged in their pocket handkerchiefs, to be scattered over pillows, coverlets and blankets. They left the car in the morning, and I saw those same berths, it is true with change of linen sheets and pillow-cases, but with no change of blankets, mattresses or pillows, occupied that very night by other travellers, who were thus subjected to contact with a pathogenic microbe far more tenacious of life and power of evil-doing than the dreaded cholera spirillum. One has only to sit in a crowded street car on a winter day and watch the clouds of respiratory steam circling from the mouths and nostrils of the unclean and diseased into the mouths and nostrils of the clean and healthy, as the expiratory effort of the one corresponds with the inspiratory act of the other.

"The road is short but straight and sure from vomica and mucous patch to the receptive nidus in another's body. Who that has ever had forced upon him an aerial feast of cabbage, onions, garlic, alcohol, tobacco and the gastric effluvia of an old debauchee can doubt that aqueous vapor can transport microscopic germs by the same route? Not long ago I travelled by sea from New York to Charleston, and for two nights was cabined with some twenty consumptives going to Florida. The air was chill, and they huddled around the stoves and fearfully and fearlessly closed doors and windows, until the atmosphere became stifling with their emanations and the dried sputa, which they ejected on every side. It was comparatively easy to escape during the day by staying on deck, and I slept with my stateroom windows wide open, but the curtains, carpets, pillows and mattresses had been saturated by I know not how many expectorating predecessors. I have visited fifty small pox patients a day, have gone through yellow fever wards and stood by cholera bedsides with far less apprehension than I experienced on that trip, yet it was one taken by many thousands of people, who would have been terrified to know that a case of cholera was within a mile to leeward of their homes."

Now let us for a moment digress and

suppose that the conditions Dr. Gihon has so graphically described, and which almost any one having had occasion to make long journeys over our trunk lines of railroads can duplicate over and over again—suppose that instead of diseased men, women and children, there was to be found Texas steers, glandered horses from New York, or diseased animals from any part of our country, would such diseased animals be allowed to travel in close proximity with other cattle? Certainly not: but if any one disbelieves this assertion, let him start from Texas or Wyoming with a car load of diseased animals with the intention of finding a market for them in New England. He will not get far before he will find he is the centre of a cyclone, and will be expected to run a bureau of information. It will be exceptional if he can travel twenty-four hours before every cattle commission and board of agriculture in the United States will be informed of the dangerous character of his herd, and protests against his being allowed to go from state to state will reach him from all directions. The transportation companies will also be notified that they are transgressing the law in opening an avenue by which contagious and infectious disease may be spread among other herds of cattle that are now in a healthy condition. Boards of cattle commissioners all along the expected route will assume unusual activity; telegrams will be sent over the wires at lightning speed; distinguished experts in veterinary medicine and surgery will be consulted; the federal power at Washington, as represented by a distinguished member of the president's cabinet, will be apprised of the dangers to be apprehended, and appealed to by those who have good reason to believe the transportation of diseased cattle through the country is liable to become a menace to the material interest of a large class of our citizens; and all these efforts proving unavailing, the strong arm of the law is invoked, not only to prevent the transportation of diseased animals, but the transportation companies have been made the defendants in suits brought to recover damages. (See foot note at end of article.)

There can be no doubt but it is a simple act of justice to our agricultural

friends to promptly and intelligently meet such an emergency, and I believe I have as much sympathy for the welfare of the lower animals as any one, and would be glad to insure them at all times the kindest treatment and the best of care in all their conditions; yet I must admit that, under similar circumstances, I should like to see the same spirit prevail in regard to the human race, so that where epidemic influences are abroad we could appeal to the strong arm of the law and call to our aid expert knowledge with the same facility that can be done for the brute creation.

Dr. C. W. P. Brock in his address as president of the National Association of Railway Surgeons, at its meeting in Omaha, refers to this in the following eloquent language. He said:

"Human beings, born to immortality, are entitled to as much protection as the dumb beast; but it is not accorded to them by the laws governing the transportation of the country.

"The government has established a Bureau of Animal Industry, to prevent the exportation of diseased cattle and to provide means for the suppression and to prevent the dissemination of contagious and infectious diseases among domestic animals, and makes an annual appropriation for the support of the bureau and assigns a cabinet officer to the head of it. This officer can stop the shipment of domestic animals from any section of the country he may see fit, and issue specific directions how the cars, pens, etc., shall be disinfected. Now this is as it should be, and shows wonderful foresight and care on the part of our great government in protecting the pockets of her citizens from loss by the disease and death of their domestic animals. But how is it when you come to human beings? Why, absolutely no protection is afforded to them. If there was a money value attached to each individual that would make him equal in value to one of these domestic animals, Congress might be moved to the enactment of laws for the protection of those who are but "little lower than the angels, and created in the image of God himself."

"Man's inhumanity to man makes countless millions mourn."

At this point we may naturally inquire whether, as surgeons to important railway interests, we have any duties regarding railway sanitation. It is true that in some sections of our country railway directors and managers seem to regard us a necessary evil; like a fire extinguisher, only to be used in case of fire; our services only to be called for in case of accident, and only paying for such service, they very soon only think of us as in some way connected with misfortune. In this they are very much like other people, for the majority of the public do not, as a rule, think it necessary to consult us except that misfortune overtakes themselves or some member of their families. Yet in this there has been a marked improvement during the last decade, for the public are becoming more and more alive to the necessities of personal hygiene as well as public sanitation.

In this way public sentiment in matters pertaining to sanitation is fostered and developed until state and municipal authorities are warranted in making and maintaining wholesome rules and regulations governing the hygienic conditions of individuals and communities.

Such being the fact, we may confidently expect that the management of our railways will find it for their advantage to take more advanced ground, and instead of following in the wake of public sentiment, take a new position, and either establish a department of hygiene in connection with surgery, or arrive at the same conclusions by some other means that will suit them better. It must in some way take cognizance of the sanitary condition of its cars, grounds, depots and warehouses, as well as of those accidentally injured along the line. It is quite certain that, the patron of the road who is enabled to make a journey across the continent without suffering the discomforts arising from the lack of an intelligent care of the heating and ventilating of coaches, and who can arrive at his destination in a good, sound, healthy vigorous condition, ready for business as soon as the train comes to a full stop, will never forget that line nor fail to draw congratulatory conclusions regarding the management whose intelligent care has been the means of rendering such results possible.

Domestic animals, although their owner may be quite willing to pay a fare, are generally consigned to the baggage car, and this without regard to whether they are in health or diseased; yet it will not do to send a passenger to the same compartment, and especially one that is seriously ill. Therefore, on great through lines, the transportation of invalids is liable to become a serious question to the general manager. The invalid seeking a change of climate in his search of health will naturally resent the imputation that his presence is a menace to the health and lives of others; while those who believe themselves to be in good health will object to being associated for long distance travel with those suffering from tuberculous and other infectious disease. Sooner or later, it is quite probable that on through routes to Florida, Colorado, New Mexico, California, and other places, a hospital car will become part of the train service, the number of trips per month to be regulated by the demand. Such cars should be constructed under the direction of our most expert sanitarians; should have all the important improvements in heating, ventilation, and appliances for the comfort of invalids and their attendants; but all luxurious appointments, such as curtains, carpets and plush coverings, should be reduced to the minimum, and every part of the coach and its fixtures should be so arranged that it could be cleaned and completely disinfected at any station, or, if need be, the same could be thoroughly accomplished while en route.

Other things being equal, a car of the boudoir pattern, somewhat modified, would probably meet the wants of that class of travellers better than almost any other of our present style of coaches, as curtains and other things that would become soiled and unwholesome could be reduced to a minimum or left out altogether in the furnishing of the car.

I am not a practical mechanic, and therefore feel a diffidence in making suggestions which require the approbation of a master mechanic, but it would seem to the professional mind that with our present means of heating with steam direct from the engine that it should be very easy to arrange for the complete disinfection by steam with but little

trouble, and that it might be done very expeditiously. This is a matter in which the expert sanitarian and the practical mechanic must meet on mutual ground and agree upon some method that will be effectual and secure the confidence of the public; at the same time it must be simple and comparatively inexpensive, else it will not receive attention from the trainmen and others, to whom it would have to be intrusted. I should have some doubt of such a coach being at once self-supporting, much less of its ability to pay a dividend on the amount invested, yet it is quite possible that in advertising the trunk line over which it was intended to run at regular intervals it might prove as profitable as any other means of bringing the route into favor with the public. To do this, it must be constructed on such mechanical and hygienic principles as to commend itself to every one having occasion to investigate its use; and the possibility of its being thoroughly cleaned and disinfected must be obvious and recognizable by all classes of people, else distrust instead of confidence will be engendered, and therefore it would fail of accomplishing the grand work for which it was intended.

This paper has been somewhat discursive in its character, but if I have succeeded in impressing upon the members of this association that there is a need of discussing this question, as well as of the fact that in the solution of the problem, the invalid, those in good health, and the stockholders and management of the roads are all deeply interested in bringing about a much needed reform, the object of its being written will have been accomplished.

[While this paper was in preparation, the writer saw in the Daily Press a statement to the effect that a large cattle owner in one of our western states had commenced a suit for damages against a railway running through his ranch, on the ground that the road had been guilty of transporting diseased cattle and as a consequence his herd had become affected.]

NOTICE.

The next number December 19th, will be devoted to ophthalmology and will contain some valuable articles.—ED. TIMES AND REGISTER.

*THE TREATMENT OF DIPHTHERIA.

By E. L. B. GODFREY, A.M., M.D.

[Physician to Cooper Hospital; Lecturer on Medical Nursing in New Jersey Training School for Nurses, Camden, New Jersey.]

I DESIRE to call your attention, as announced in the program, to the treatment of diphtheria. The subject is full of interest, not alone from the past and present prevalence of the disease, but from the startling fact that, despite the great advancement in sanitary science, diphtheria is more continuously present than any of the acute contagious diseases. Further than this it can be said that diphtheria, despite sanitary science, has steadily advanced, and, for several years past, has maintained the character of an epidemic in this section of the country. I shall speak from the standpoint that diphtheria is primarily a local disease; that systemic infection is secondary to the local invasion, and beg to call your attention to the hygienic, the medical and the preventive treatment.

THE HYGIENIC TREATMENT

In the hygienic treatment, the selection and care of the sick-room and the care of the patient, as regards the toilet, are matters of prime importance. Neglect in these particulars means danger of reinfection and the further spread of the disease. The sickroom should be selected in reference to its airspace, its exposure to sunlight, its ventilation and the isolation of the patient. The care of the room is equally important. All unnecessary furniture should be removed to obviate the need of keeping it clean and of disinfecting it after the termination of the disease. Dust should be banished from the sick-room, because it irritates the throat and affords a medium in which the poison thrives. Cleanliness during the progress of the disease, and the disinfection of the premises after its termination constitute, in the main, the duties of the nurse attendant. However trite this may seem, it is so rarely carried out, that it will bear iteration and re-iteration

until every patient knows its worth. None of the infectious diseases require greater cleanliness or more thorough disinfection for their stamping out than diphtheria. The temperature of the room should be kept at 68°, and continuously moistened with steam, medicated with turpentine, thymol, or eucalyptol, etc., especially so if laryngeal invasion has taken place, when the temperature should be both warm and moist.

Care of the patients' toilet, and frequent changes of bed clothing are needed, on account of the liability of their becoming soiled with sputa, the salivary and pharyngeal secretions, which contain the virus of the disease. This is not extensively diffused in the room, but attaches itself to the clothing, bedding and the sick-room appliances. All soiled clothing should, therefore, be disinfected with boiling water before being removed from the room. These points are not insignificant; their observance will not only mark the difference (when the disease is treated from its initial stage) between a short or long continued case, but the difference between the limitation of the disease to one in the household or the infection of others. The confinement of the patient to the bed, as well as the cleanliness in the toilet, is a matter of moment. This should be done during the progress of the disease, and for a considerable time after convalescence is established. Three weeks is not too great a time for the confinement of a case of ordinary severity. I make confinement in the bed an imperative rule, so long as there is noticed disturbed rhythm in the action of the heart. Rest in bed tends to ward off renal complications and paralysis, which are the most important sequelæ. Paralysis takes place, as a rule, during or after the establishment of convalescence and may follow a mild case. It is claimed to be due to absorption of the ptomaines or the poisonous products of the specific bacteria, and is regarded as a toxic neuritis with degenerative changes, of the nerve tissue. This accounts for the great exhaustion, the tendency to paralysis and for the extraordinary slowness of the recuperating process. Even after apparent recovery, paralysis, either local or general, may supervene, so slowly does

* Read before the Camden County (N. J.) Medical Society.

nerve tissue regain its power. Its tendency to paralyze the heart, through inflammation of the cardiac nerves, makes the disease one of constant dread. Sudden exertion contributes to heart paralysis, when degenerative changes have taken place in the cardiac nerves or in the structure of the heart. Rest in bed, therefore should be insisted upon until health is practically regained.

THE MEDICINAL TREATMENT.

The medicinal treatment of diphtheria, though far from satisfactory, as the variety of treatments in vogue indicate, is not so much a matter of speculation as formerly, since the bacterian origin of the disease has been established. The bacillus of Klebs-Löffler is now claimed, by our best authorities, to be the exciting cause. Experimentation has shown that cultures of these bacilli inoculated into the larynx of animals will cause diphtheritic exudation with necrosis of tissue, and that the injection of their ptomaines into the blood will cause paralysis allied to that belonging to diphtheria. From this relationship of cause and effect and with these premises admitted, the conclusion is irresistible that diphtheria is the result of their activity within the throat. Still the bacilli are not found, it is claimed, in the blood even during the period of systemic infection, but are found, in connection with other bacteria, in the diphtheritic exudation. These germs, coming in contact with the mucous membrane of the throat, excite inflammation, destroy the cells of the superficial epithelium, which destruction constitutes the false membrane. This, for a time, is so closely adherent to the underlying structures as to prevent the poisonous products of bacteria from being absorbed, unless the membrane of the throat is in an inflamed or ulcerated state, when systemic infection is frequently first observed. Following the state of inflammation, cell destruction and the formation of false membrane, there follows a condition of suppuration, tissue necrosis, detachment and abrasion, during which the toxic products of the bacteria are absorbed by both lymphatics and blood-vessels and the system consequently contaminated. Believing this, the medical treatment of diphtheria will

be presented from both a local and constitutional standpoint, but only in so far as the treatment relates to cases under my care at the present time.

THE LOCAL TREATMENT.

The local treatment should be directed to the arrest of the development of the Klebs-Löffler bacilli. This can best be done by thorough cleanliness and thorough disinfection of the nose, mouth and throat, since the membrane in the early stage of the disease cannot be removed. Forcible detachment of the membrane is condemned, because it affords both an easy ingress for the veins and makes applications painful to endure. Thorough cleanliness, however, of the nose, mouth and throat is imperative. Broken down tissue, mucous accumulations and sordes must not be allowed to accumulate. Free expectoration should be encouraged and the sputa receptacle kept filled with a disinfecting solution. For cleansing the teeth, mouth and throat, vinegar and water, lemon juice, glycerin and water, claret wine and water or pine-apple juice and water will be found of advantage both on account of their being palatable, and because of their tendency to arrest, from their acid nature the development of the germs. Thorough and repeated disinfection of the mouth is required in addition to cleanliness, and under no circumstances should the nose be neglected in either of these particulars.

For the treatment of the throat, the gargle, the spray and the swab, insufflation, inhalations and ice are used. The gargle does not affect the posterior part of the throat and, if pain is caused by throwing the head backward, is discontinued. The spray is repeatedly used, and corrosive sublimate dissolved in fluid extract of *pinus canadensis* glycerin and listerin has proven the most satisfactory, although the sulpho-carbolic acid of zinc dissolved in glycerin and listerin and the per oxide of hydrogen, glycerin and water have given good results. The swab, made of absorbent cotton, affords the best service. By this method of direct application, every part of the throat can be reached, and upon it rests largely the success or failure of the local treatment. A combination of corrosive sublimate, cocaine, Monsel's solution and

glycerin is my chief reliance. Occasionally, I employ salicylic acid glycerin and alcohol, or the nitrate of silver, or per-oxide of hydrogen and glycerin. For insufflating, when this can best be done, calomel is used; after the membrane has become detached, leaving an abraded surface, aristol and boracic acid are employed. For inhalations, medicated steam is used of which I shall speak later. The use of ice is encouraged for the double purpose of allaying thirst and reducing congestion. Its application to the neck has been abandoned for warm or hot applications, especially during the process of sloughing of the membrane. As an application to the enlarged and painful glands, ichthyol and lanoline, or hot medicated flannels, are used.

If it is true that diphtheria is due to the activity of specific germs, then the importance of local treatment is admitted. If admitted, then the treatment should be directed to arresting the development of the germ. To accomplish this, the anti-bacterian solution must be placed in direct contact with the germs. The success of the treatment, therefore, depends upon its thoroughness, and the accomplishment of the object sought; this requires patience, skill and courage; but when applied with this definite object, at least every hour of the first day, the disease will be cutshort in its death-dealing progress. The disease makes rapid progress. The child should be awakened for local treatment, because local treatment is more important than sleep. It will be observed the cleaner the throat is kept, the milder will be the disease.

THE CONSTITUTIONAL TREATMENT.

The object to be accomplished by the constitutional treatment is to combat the effects upon the system of the toxic-absorption from the throat. This, excluding the sequelæ of paralysis, bears a definite proportion to the throat deposit. It consists chiefly, as has been stated, of a toxic neuritis, with impoverished blood, etc. To combat its effects, there is no specific remedy. To place the patient under the best sanitary environments; to regulate the secretions and to maintain the strength by regular feeding

and tonic remedies is the object to be attained. For this a combination of corrosive sublimate and tincture of the chloride of iron is first employed. The corrosive sublimate is pushed almost to its toxic effects, but is withdrawn if symptoms of gastro-enteritis present themselves. It has not given me the satisfaction in diphtheria that has attended its administration in scarlet fever. As soon as the necrotic condition appears within the throat, a combination of the chlorate of potassium and Basham's mixture is given. Basham's mixture is more easily absorbed than the tincture of the chloride of iron and proves of better service in stimulating the function of the kidneys. The depressing effect of the chloride of potassium upon the heart must not be forgotten. The condition of the heart should always receive attention. The danger of heart paralysis from neuritis of the cardiac nerves or from endocarditis is always present, especially during convalescence. The least disturbance in its rhythm, or the first appearance of a slow or a rapid pulse calls for special treatment. Strychnia, or the tincture of nux vomica, digitalis and stimulation are employed according to the condition of the heart's action.

Regular feeding, during the day and night, is very important, because diphtheria, more than any of the acute diseases, tends to exhaustion. In difficult deglutition or continued nausea, nutritive enemata are resorted to. The food is given hot and in liquid form. Milk should be the basis, and to vary the taste, which is an important item, may be given in coffee, tea, cocoa, wine, oyster juice, clam juice, with vanilla, nutmeg or eggs, or in the form of whey, junket, gruels, custards, etc. If curds are vomited, peptonize the milk; beef juice and beef pulp should also be given.

For laryngeal invasion, steam inhalations are given. The steam is medicated with turpentine, eucalyptol or carbolic acid, introduced into a tent under which the patient is continuously kept. Calomel is given internally with stimulants; vomiting is early induced and if dyspnea is not relieved, intubation or tracheotomy are recommended.

For nasal complication, indicated either by the odor or the discharge from the

nostrils, the nostrils are syringed every half hour or hour with a warm solution of corrosive sublimate.

THE PREVENTIVE TREATMENT

The importance of this treatment will be admitted when I tell you that 2624 cases of diphtheria were reported to the Board of Health of Philadelphia, from January 1st to October 28th, 1893, with 750 deaths, making a death-rate of $28\frac{1}{2}$ per cent. During the same period, in Camden, 220 cases were reported to the Health Board with 56 deaths, making a death rate of $25\frac{1}{2}$ per cent. These are startling figures and prove that the principles of preventive medicine are not practiced to any great extent by physicians or executed by public health officials. Were cholera or small-pox present in either city to the extent that diphtheria prevails, both cities "would be up in arms."

To subdue the disease, isolation and disinfection must be insisted upon. These principles, as they relate to the patient have been considered. Equally important is it that disinfection be applied to the premises. To insure the practice of isolation, cleanliness and disinfection in diphtheria, the people must be educated to the fact that the virus of diphtheria does not come from the breath of the patient, but from the sputa, the salivary and the laryngeal secretions; that the virus possesses the powers of life and development; and that it attaches itself to clothing and furniture, and in order to destroy it, the disinfectant must come in absolute contact with it and must be of such a nature as to destroy life. This education is the province of health officials, and if made a part of the policy of Boards of Health, the prevalence of diphtheria will be materially checked.

REMOVAL OF FIBRO-MYOMATA WITH THE PREGNANT UTERUS, ELEVEN WEEKS' GESTATION. BY BAER'S METHOD.—RECOVERY.*

By THAD. A. REAMY, M. D. L.L.D.,
CINCINNATI, O.

MRS. R.,—aged 30, married; American; admitted to my private hos-

* Read before Cincinnati Academy of Medicine, Oct. 16th, 1893.

pital September 11th, 1893. Family history good. Patient's general health fairly good, until within the past two months, she has been weak, appetite poor, rapidly emaciated, somewhat anemic.

Last spring she had some form of fever, lasting some weeks.

Patient first menstruated at the age of thirteen, since which time she has been regular with exceptions hereinafter to be noticed. She was married two years ago. Menstruation due last July was missed. In August she menstruated rather profusely. Menstruation would have been due September 15, last.

In September, 1892, she first noticed a swelling in the right side of the abdomen, as large as the closed fist. It did not perceptibly increase in size for four months. It now grew rapidly.

Last May she noticed a growth in the left side, suffered constant abdominal pain, had profuse leucorrhea and considerable vesicle irritation.

When examined by me, prior to admittance, the abdomen was enlarged equal to seven months' gestation. A hard body, comparatively smooth upon its surface, rather freely movable, could easily be made out as filling the upper portion of the pelvis and extending above the umbilicus. The uterine cervix could easily be reached per vaginam by the examining finger. It was suspiciously soft. The cervix moved freely from side to side, as the tumor was carried from side to side by manipulation.

No fetal heart sounds, and no so-called placental souffle, (which in reality is sound emitted from the ascending uterine arteries), could be heard. The question of pregnancy was considered by me but not decided. The diagnosis was made of a uterine fibro-myomata. Its removal by abdominal section was decided upon, as its growth was rapid, and the patient's health failing. Assisted by my nephew, Dr. Chas. Bonifield, the operation was made September 19th. Dr. Walters, of Covington, who had kindly referred the case to me, being present. After the incision the tumor, with the uterus, was with some difficulty lifted out of the abdominal cavity. The uterus was directly in front of the tumor. Its appearance left no doubt as to its being pregnant.

As the tubes and ovaries were comparatively healthy, and the tumor was subperitoneal, I decided to attempt its removal leaving the uterus undisturbed. This decision was made notwithstanding the fact that the tumor extended from cervix to fundus and its attachment to the uterus was very broad. Also the subperitoneal vessels, both veins and arteries, distributed over the tumor from the uterus, were large and numerous.

The capsule of the tumor was incised longitudinally, and its enucleation accomplished. To facilitate this manipulation, longitudinal section of the tumor was made from behind, and its removal completed without difficulty. So extensive was the uterine surface left uncovered by peritoneum; extending as it did from fundus to cervix posteriorly, and from cornu to cornu; so numerous and large were the blood vessels emerging from under the uterine peritoneum which had been already tied, and so universal and free was the oozing of blood from the broad surface alluded to, that I decided to remove the uterus as the only safe procedure. This decision was made notwithstanding the fact that I had retained a sufficient amount of peritoneum stripped from the tumor on the two sides, and uninjured in its attachment to the uterus, to have covered over the whole field of the uterus which had been uncovered. The decision to remove the uterus was also strengthened by the fact the uterine walls seemed unduly soft, and abnormally discolored. If I left it, under all the circumstances, I believed an early abortion, with its probable fatal results, almost inevitable.

The ovarian arteries on either side were ligated, the broad ligaments between the uterus and ligatures clamped, incisions made on either side between ligature and clamp, the peritoneum incised an inch above the utero vesicle fold anteriorly, and peeled down. Posteriorly it had already been peeled down in removal of the tumor. The uterine arteries on either side were now tied, and the uterus cut away without rupturing the sac. The cervix was now hollowed out by removal of the portion which is here exhibited, the infra-vaginal portion was now dropped and the anterior and posterior folds of peritoneum turned inward,

peritoneum to peritoneum, and secured in coaptation by several fine silk, interrupted sutures.

Several small vessels from which oozing occurred, after hollowing out the cervix, were tied, with fine silk, before it was dropped. The peritoneal cavity was cleansed by pieces of fine gauze instead of sponges, and the abdominal wound closed by silk worm gut ligatures. No drainage tube was inserted. The patient has made an uneventful recovery and will return to her home in Kansas.

No discharge whatever took place from the cervix or vagina after the operation. This is worthy of note since several ligatures were applied. Of course everything was extra peritoneal, but accessible to the canal in the infra vaginal portion of the cervix.

It is scarcely necessary to state, in conclusion, that the operation was in every particular, that devised by Baer of Philadelphia.

I may add that in properly selected cases, I believe it to be superior to all other known methods.

Lecture.

THE PHILOSOPHY OF MAN.*

By JAMES E. GARRETSON, A.M., M.D.

(Continued from last number.)

AN understanding to be conveyed is that this wonderful thing called mind is one with anything played by a player. Now, as has before been suggested, a baby plays not mind as it plays not scores; having nothing of either to play. We are, at this beginning, to appreciate that mind has no different relation with brain than has flute music with a flute; both brain and flute are instruments, nothing else. What is played is external to the instrument, and, as certainly will be agreed to in the case of the flute, is in no sense the instrument itself. This proposition being accepted it is necessarily recognized that playing must be in correspondence with the possessions of a player, scores in the

*Lecture before the Garretsonian Society, delivered at the Medico Chirurgical College, Nov. 21 1893.

case of a flutist, ideas in the case of a philosopher.

Now, while in a search after truth, as existing with the reality of things, philosophy starts with Common Sense, it is but a short time in perceiving that Common Sense is one with body sense, and that this, in turn, is simply abstract animal sense. It is instrument alone. It is means, nothing else. To appreciate the relation of Common Sense with man's universal, it is alone necessary to bring to view the "Natural," so called. A "Natural" is a baby grown into man's stature. He sees, hears, tastes, smells and feels. He plays, however, no notes. A thing of to-day is to him the thing of yesterday and of to-morrow. So-called "ideas" are wanting. He is as man what he was as infant. His world is, in but little sense, what the ordinary man's world is. His circle is that of a kitten that we may suppose born on the same day as himself. Reality, as to thing, lies not with the givings-forth of Common Sense people. Common Sense is without data, save as to surface. If Common Sense was the only premise on which to found truth the world would be to man exactly what it is to the lower animals.

Common Sense, or better speaking, the Common senses, are accepted by philosophy as means of inquiry, this alone. A human brain is one with the senses; cognizance by the Something which sees, hears, tastes, smells and touches is had through it.

We may here pass to Educated sense carrying with us understanding of the unreliability of the teachings of Common sense as this is exponent of reality.

By Educated sense, as propounded at our last meeting, is meant sense prepared for reasoning through possession of experiences. The reasoning lies not, however, with the sense otherwise than as instrument. In this view we may compare, as before, brain and flute. A flute with its primary stops offers but simple playing, refined on the other hand, as in the improved instrument, it affords voice to a harmony not otherwise to have been discoverable by the common ear.

To differentiate, however, between Common sense and Educated sense! Here is something that is not easy. There is no point where the one can be

said to end and the other begin. A differentiation lies alone with extremes: A "Natural," if you please, at one end, and a philosopher at the other. Here other confusion confronts us. If all must be known in order that truth be known, what as to opinions lying with different grades of education. If Common sense knows water as simple homogeneity what as to the chemist's sense that knows it as oxygen and hydrogen, and what as to the microscopist's sense that knows it as a swimming place for animalculæ? Has microscopist got the last and the whole of it? May water not be fifty other things to fifty other capabilities? Having heed of such a proposition may we not justly ask if there be any extent of Educated sense in the world that affords else than advance on Common sense, this advance being one in degree with experience possessed. Can a man by searching find out noumenon? Can he find out else than phenomenal expression as to anything? What are the meaning and the good of educated sense? Is answer elsewhere than found empirically? The ignorant drink water and die, say of cholera. The Educated place a single drop under a lens and defy the destroyer. Here is truth, in degree. Is there aught knowable save after this manner of degree? Is degree one with truth as to its finality? Is finality within the circle of man's capability? Is anything save phenomenon within either the circle or needs of man's capability?

Here we are face to face with phenomena and noumenon. Is Educated sense limited to comprehension of the former? If for example, we can say what a chair is not *per se*, do we say what it is in calling it matter? Is understanding of a chair possible outside of what a chair is as phenomenon? To tell of a chair, as to its reality, would it not be necessary to say what that is out of which chairs are made? And is Educated sense suited to deal with origin? Not suited to deal with noumenon, and thus grasp the principle of creation, to what must man necessarily confine himself if not to phenomena. Just here the most pertinent of questions: Has man a circle which is his own, outside of which he need not go and cannot go? Is it to know all to know such a circle; all that it concerns man to

know? Does such circle include spiritual as well as material? or is there no spiritual? or is it the case that spiritual is contained in material.

Neither Common sense nor Educated sense having to do with noumenon, it follows that man reaches his ultimate as regards relation with the world when he reaches the ultimate of his natural observations and experiences.

But man claims to know a spiritual which he will not accept as one with material. Is such a claim of any merit? Is the supposition other than a myth brought out of the a prioris of inductive reasoning? This being denied, is the denier not forced to discover other means of knowing than lie with Common and Educated sense? Are there other means?

To be continued in next number.

NOTICE.

The next meeting of the Pennsylvania State Medical Society will be held in Gettysburg, May 15, 16, 17 and 18, 1894.

It is expected that the historic associations of the famous battlefield will attract an unusual attendance. Those desirous of presenting papers are requested to notify the Committee of Arrangements at an early date.

The following are the Committee of Arrangements:—E. E. Montgomery, M.D., 1715 Walnut street, Phila., chairman; Isaac C. Gable, M.D., York; Geo. S. Hull, M.D., Chambersburg, John C. Davis, M.D., Carlisle; Henry Stewart, M.D., Gettysburg; Geo. Rice, M.D., McSherrystown; E. W. Cashman, M.D., York Springs.

EXCURSION TO BERMUDA.

Dr. J. B. Mattison of Brooklyn, is arranging a ten days' excursion to Bermuda, to sail Wednesday, January 3d, 1894. Party limited to twelve. Rate the lowest ever offered. Dr. Mattison knows Bermuda well, having been there several times, and tourists in his charge are assured of a charming sojourn in that "land of the lily and the rose." Details if desired.

DR. ERNEST B. SANGREE has removed from 744 South Fifteenth street to 2020 Arch street.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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Address all communications to

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PHILADELPHIA, DECEMBER 2, 1893.

THE TRANSPORTATION OF PERSONS ILL WITH TRANSMISSIBLE DISEASE.

IN other columns of this issue a valuable paper appears from the pen of Dr. Conn. The substance of his paper is of vital interest to all travellers, both professional and otherwise. The contraction of such diseases as scarlatina, diphtheria, pertussis and tuberculosis from germs deposited in the crevices, curtains, bedding, etc., of railway coaches as well as of steamships is a theme worthy of serious discussion.

Why should the human race not protect themselves from the possibility of disease.

We place barriers to the entrance of diseased beeves into our markets to prevent the contraction of disease ourselves, and yet we sit quietly beside a consumptive and pity the individual who is so afflicted, not realizing that his very breath contains the spores of disease, the vitality of which exceeds that of the germs of cholera.

We have long advocated the placing in the Presidential Cabinet a department of public health, the duty of its chief officer to be the welfare and safety of the health of this great nation. A subdivision in the office providing for sanitary transportation of diseased persons in and through the confines of the United States would largely mitigate the danger to the healthy travelling public, the most of whom are ignorantly unaware of the dangers they incur by contact with the sick.

Indeed, we see no reason why ground for civil damage against a railroad might not be maintained in transporting contagious disease without due protection being provided for the healthy.

A tramp places a tie on the railroad track and, thereby wrecking a train, sends many souls to eternity and injures many more. Action for damages is brought against the company. A person afflicted with small-pox, for instance, occupies a railway coach and, thereby infecting fifty others, renders many crippled and disfigured or causes the death of others, who were ignorantly exposed.

Is the ground for civil action against the company any the less, because death or disability in one instance was by a slow process of accident while the other was swift.

Sanitary hospital coaches should be run on all through trains, not from a financial experiment or standpoint, but as a public necessity in travel; as a baggage car is run.

The matter of finance, it would be

safe to say, would easily be overcome by the company. Most of them have ways of making up their losses; however, we venture to suggest the assurance of lessening danger to the healthy would well be worth a slight addition in rates. The hospital car should be under the supervision of health officers at various points on the line. Men who are thoroughly trained for the position, preferably physicians should be employed for attendance and disinfecting the car. We hope to see some practical demonstration of Dr. Conn's ideas.

F. S. P.

WHO WAS SHE?

WE have always felt kindly disposed towards the female physician, but if such conduct as is related below is customary with her, she will not be long in demonstrating her unfitness. A lady, the wife of a city physician of the best standing, was suddenly seized with severe pain and hemorrhage, on a 12th street car. Getting out at Locust street, she was in such distress that she asked a woman to assist her. This person stated that she was a doctress, and asked what was the matter. The lady informed her that she feared it was a miscarriage; at the same time telling the woman who she was, and that her husband was awaiting her at the Art Club; and requested the woman to assist her in getting there. This alleged doctress, thus appealed to by a sister woman, in such dire distress, snappishly responded that she had better get a carriage and go home, and deliberately marched off, leaving the lady half fainting on the street! By the help of an officer the lady succeeded in reaching her destination, but the result was the loss of a life which could doubtless have been saved by assistance at the time it was asked.

We are sorry we do not know the name of the female who exhibited such

heartless brutality. If she be really a doctress she ought to be driven out of the profession ; and from what we have seen of the women doctors of our city, there are not many who would not approve of such a punishment. We would not willingly believe that a woman would refuse succor to a suffering beast ; and surely the study of medicine ought to render a woman still more compassionate, more sympathetic, than she is by nature. But if by joining the medical profession woman is transformed into a heartless wretch, deaf to the cry of suffering, then let medicine remain in the hands of men.

PAINFUL JOINTS IN MUSCULAR RHEUMATISM.

IN the *Revue Médicale de la Suisse Romande* Aout '93. M. Ruel contributes an article of great practical value on the external use of the salicylates in the rheumatic affection of joints.

He says : That for more than six years in his clinic at Geneva, he has repeatedly and systematically employed external applications of salicylic-acid alone, or combined internally in painful joint troubles. He first employed in poly-articular rheumatism on the integument in the *loco dolenti*, without concomitant internal medication. The effects were most rapid and happy.

Professor Revillod in his service, says, that :

1st, Salicylic-acid is rapidly absorbed by the skin.

2d. After so applied, it promptly appears in the urine.

3d. It possesses a positive cure action in rheumatism :

He found that the best results were realized when the salt was dissolved in alcohol with about double its volume of castor oil in the form of a liniment, that has been supplied to our pharmacopeia in years.

I have had no experience with it in acute inflammatory rheumatism, but, for local joint inflammations or neuralgias, or those confined to the muscles, its action is marvellous. I have found it equally

efficient, in phlegmasia-dolens ; lumbago, sciatica, blenorrhagic-arthritis, or that arising from malaria or syphilis.

But, it exerts its greatest potency in the painful joints of children, very many of which, are prematurely set down as tubercular and condemned, and shackled in braces, before rheumatic remedies are thoroughly tested.

This formula which I prescribe, has answered better in my hands for all cases than Ruel's which is intended for rheumatic cases only. It is as follows :

R. Acid. Salicylici ʒiv
Spts. vini rect. conc. f ʒiv
Chloroformi f ʒiv
Tinct. opii f ʒv
Olei dulcis qs. ad f ʒxi

m. Sig. Liniment.

(Liniment Salicylic Co. Manley.)

M. Ruel's customary formula is :

R. Acidi salicylici 20 grammes
Alcohol absolute 100 "
Ol. Ricini 200 "

m.

This is to be applied on a flannel, which is to be covered with some impermeable material, morning and evening. In certain solutions a small quantity of chloroform may be added—say 5 per cent. This addition serves as an analgesic ; besides, favors the absorption of the medicament. About twenty minutes after the salicylic is so employed it can be found in the urine and a few minutes after a salicylic liniment is applied pain vanishes and it is replaced, by a sense of warmth and comfort.

Since 1887 the author has thus employed salicylic acid, in general inflammatory rheumatism, but as well, in its local phases ; besides, in pericarditis and pericardo-pleuritis ; in the arthroses attributable to neuralgia, gonorrhea, etc.

My own experience with this preparation during the past six months, since I first learned of it, that it provides us with the most valuable preparation. By this combination employing olive oil, instead of castor, we substitute a substance more readily absorbable.

By the addition of opium the sedative properties of the mixture are enhanced so that it serves more effectually as an analgesic in painful neuralgic affections and thus obviates the necessity of administering anodynes internally.

Linseed oil, might be substituted for the olive, when economy is an item.

In all cases it should be applied fresh. Hence, should be compounded only in such quantities as are ordered, for salicylic acid decomposes very readily, and thus, the valuable virtues of the remedy are lost.

It should be applied, chiefly, warm in the palm of the hand and should be well rubbed in; not only over the affected joint, but also above to the next joint over the intersectual muscles. In most cases, but a small quantity of the liniment is needed. T. H. M.

Annotations.

STUDIES ON FEVER.

(*Therapeut. Monatshefte.*)

BONCHARD speaks of the causes that produce a rise of temperature in patients that are suffering from a febrile disease of some duration. These causes are generally trifling. In typhoid convalescents and in tubercular patients, a slight effort, as for instance, getting up, may cause a rise of temperature. When such a patient is received at the hospital, he has always a higher temperature, often $1-2^{\circ}$ C. higher, than later on, during his residence in the hospital. Even the cold baths which are used in typhoid fever to reduce the fever, cause a rise of temperature in persons (especially women) who resist against the bath. It is well known that visits or the first attempt to go out may cause fever in a convalescent. In a child suffering of slight indisposition, who struggled against the introduction of the thermometer into the rectum, a temperature of 43° C (109°) was obtained. These observations show that absolute rest should be observed by such patients.

ANESTHESIA BY ETHER AND THE RESULTS IN THE PRACTICE OF SURGEONS OF LYONS.

(Translated from an article in *Archives de Tocologie et de Gynecologie*, September, 1893. Par le Dr. Vallas.)

THE author of the contribution under the above title, gives a very valuable and practical *résumé* on the subject of ether-anesthesia. He tells us that for

years ether has had the preference, in the hands of the Lyons surgeons, though chloroform is more commonly employed in other parts of France. However, he says, that the rule there is not as in Boston, and other American cities, which prohibits the use of chloroform. He cites Barrier of the Hotel Dieu, who reported five chloroform deaths, during the short time, that this drug was first employed in Lyons.

In 1867 a committee was appointed from the Academy of Medical Sciences of Lyons, composed of M. M. Mayet, Icard, Boncard, Layronne, and Gayet. This Committee reported, that in twenty years, in all the operations performed, in and out of the hospitals there had been six deaths imputed to ether. They concluded, by submitting that "ether may kill, though it is much less dangerous than chloroform." The author maintains that about the same mortality has prevailed since 1867, and adds, that ether deaths for the great number of cases, in which it is employed, are very rare and exceptional. Ether is making more and more partisans every year in England, Switzerland and Italy. Ether should be more generally employed in France. Chloroform should not be wholly set aside, for, there were special cases, and in infancy, where it seems to act well and is safe.

Dr. Vallas proceeds to the manual of etherization (*manual opératoire*) as employed in Lyons and insists on the importance of using none, but the fresh, pure product. He prefers Roux's cone, rather than the sponge of the Bostonians. Roux's cone has a perforation at the apex, which permits of the free admission of air. However, in a hurry, we may always prepare some simple and efficient device when this cone is not within reach. The dorsal position is compulsory in all cases. Ether should always be given progressively; allowing the patient to inhale it to please himself, until its effects are becoming perceptible when the anesthetic is pushed. Ether is much less active than chloroform. To use M. Allier's expression, "*ce que le vin est à l'alcool*;" or, that it bears about the same relation, in potency, with its rival, as light wines do, to spirituous liquors. This must be remembered, by those who

first employ it. From 100 to 200 grammes are used in each case, when employed for an operation, occupying much time.

With nervous patients or hard drinkers we must give much more than this. Much will depend on the anesthetizer in carrying the patient through, without accident. He will watch the pulse, the respiration and the visage.

With the sudden onset of cardiac weakness and pulmonary congestion, he will displace the ether-cone, until the circulatory system regains its wonted energy, and the intense cyanosis clears up. The first precursors that full narcosis is reached, will be announced through the respiration.

How long will it take to anesthetize a patient?

Nothing is more uncertain. Some will go under the anesthetic in five minutes; while occasionally in refractory cases, a half an hour will be occupied. This difference is noted with chloroform as well as ether; though, the latter is much slower in its action.

M. Chandaleux noted the time necessary in 242 cases of chloroform anesthesia; which, occupied 2538 minutes; or 10 minutes and 29 seconds each. In 127 cases of ether anesthesia 1768 minutes; or 13 and 55 seconds each. The difference in favor of chloroform then, was, three and one half minutes.

Once under ether anesthesia, with ample precaution, it may be prolonged from one to two hours or more. But we should observe care here to allow the patient an abundance of fresh air and not by supersaturation of the system, induce bulbar paralysis. With these cases of protracted anesthesia the respiration should be regular, deep and of normal frequency. The author speaks of the minor accidents attending ether-anesthesia; or vomiting, increase of the salivary secretions, the danger of ignition when near a flame, etc.; and then concludes with a few comments on the grave dangers, and death during ether-narcosis. Ether kills, he maintains, through its action on the nerve-centers. First, by paralyzing the sensory reflexes; and next those which have their origin in the medulla oblongata. According to Dastre, the first danger comes through an abnormal excitation of the bulbs;

which reacts by an arrest of the cardiac and respiratory movements. The second danger comes from paralysis of the bulb, direct; in which, respiration ceases while the heart continues to act.

Duret described three types of cardiac accidents provoked by chloroform.

1st. Primitive syncope, laryngo reflex.
2d. Secondary, syncope, or bulbar, (slow).

3d. Tertiary syncope, by intoxication.

According to this author, the danger in chloroform intoxication comes from the lungs, from bulbar paralysis of the respiratory reflexes.

According to Juilliard's recent statistics on the comparative mortality of ether and chloroform, we know the following figures. M. N. Rogers, of the Bartholomew's Hospital, London, (*Lancet* Feb. 90) reported from 1878 to 1887 all their anesthetic cases; which numbered 26,919, of which 14,581 were with ether, and 12,368 with chloroform.

In the ether cases there were three deaths, or one to 4,860.

In the chloroform cases, 10 deaths, or one to 1,236, a mortality four times as great as ether.

In the Middlesex hospital the results were quite the same, one death in 208 cases for chloroform, one death in 1,050 cases for ether.

Finally, on this point Juilliard sums up with the monumental collection of 524,507 cases of chloroform-anesthesia with 161 deaths one to every 3,258; ether, 314,738; 23 deaths; or 1 to every 14,987.

Even the latest by Gault on this subject, at the German Surgical Congress at Berlin, in June, 1892, though a partisan to chloroform, he had to admit the greater danger of his favorite. He recorded 95,249 chloroformizations with 37 deaths 1 to every 2,574.

Ether cases 8,433, with one death, one to every 8,433. M. Tripples had since 1886, 6,500 cases with ether; no accident.

M. Poncet with 15,000 etherizations had 2 deaths.

M. Vallas closes his valuable *résumé* with the report of ten ether deaths in his own practice.

One in a tuberculous child of three years on whom he performed resection of the knee; and, another, on a woman

operated on for fissure of the anus. Both left the table in good condition but went into collapse and died soon after reaching the bed.

T. H. M.

THE LEUCOCYTES, OR THE WHITE GLOBULES IN THE BLOOD AS PROTECTIVE AGENTS OF THE ECONOMY.*

IT is our intention, in this article, to give only a resume in connection with recent discoveries on the subject of natural and acquired immunity. An immunity which not only will prevent infectious diseases, but also moderate their course or extinguish them altogether, by dislodging the elements of infection themselves; their residue, the ptomaines, or finally, the infected humors of the animal afflicted. We may say at the outset that this study is one of great importance, and the researches which it has elucidated are bound to make an impress on our views of bio-histological questions. It has already been more fruitful than the most ardent could desire, and we look hopefully to the near future for the solution, through it, of many obscure points in the pathology of febrile diseases. It is but a short time since the functions which the leucocytes exercise in the economy were enshrouded in profound obscurity.

We now recognize them through the use of the microscope; we can see a host of microbes in enormous profusion scattered through the air, the water, in our clothing, on the integument, on the mucus membranes, in the digestive and aërian passages. Those organisms are endowed with an endless tenacity for life. By their minute proportions they can penetrate the finest pores; they can endure many of them, both freezing and boiling. They multiply at an enormous rate. These are found in great numbers in man and the higher animals.

The epithelial investment of the skin provides a formidable barrier to the entrance of microbes. Nevertheless, even with this protection many of them make their way through the corneous layer into

the blood and are disseminated through the economy.

Now, then, how is the system fortified against the ever constant assaults of these myriads of infinitesimal living colonies? Mainly in three ways.

1st. By the oxygen in the blood and tissues.

2d. By the phagocytic power of the leucocytes and other cellular elements.

3d. By the bactericidal power of the various humors.

It is necessary to say but a few words on oxygen accumulated and scattered by the blood through all the tissues, it renders life impossible to all micro-organisms, which are anaerobian, viz: those which develop by contact with the air. Indeed, it may be said, that oxygen occupies the first place as a destroyer of the microbe of the anaerobian species, as the bacillus of tetanus or the malignant œdema of gaseous gangrene. Therefore, as the potency of oxygen as a bactericide needs no further consideration, we pass on to the second, viz.: *The phagocytic power of the white corpuscle and a certain number of other cellules.*

Without doubt the father of the phagocytic doctrine is Metchnikoff, who, by his studies on the lower animals, arrived at a conception of certain cellular changes in the higher animal, particularly those in the leucocyte, which he found, gathered within its wall and assimilated different microbic elements. The principal argument advanced by Metchnikoff is based on a very common phenomenon, he observed that in a microbic infection, terminating in recovery, in the invaded regions, there was an abundant accumulation of leucocytes, filled with microbes, and their debris. While, on the contrary, in mortal cases there was no such accumulation, or it was of no significance and no importance.

According to Metchnikoff and his partisans cure followed, when the leucocytes were present in sufficient numbers on the ground to do battle with the aggressors; but when this accumulation was not ample, the invasion of the economy became general.

But this very beautiful theory has not convinced everybody.

The adversaries of Metchnikoff contend that the appearance of leucocytes in the

*Revue Medicale 31 Aout 1893, par M. J. Deny.

invaded region, is but a coincidence of a secondary phenomena, having for their purpose to carry and bury the microbes which have been destroyed by the serum or the humors. The partisan of phagocytosis answer this by suggesting *cum hoc, ergo propter hoc*.

Metchnikoff and his followers have endeavored to support their position by proving that the white corpuscle takes up the germ in a living state. This decides the whole question, and here the burden of proof is demanded.

They answer that organisms in the interior of the globule have been seen moving, presenting various movements.

But this argument will hardly hold, because:

1st. If these movements are slow we do not see how they can be distinguished from those produced by the protoplasm, in the white globule.

2nd. If they are active it would seem to surely indicate that the leucocyte is dead, because we cannot understand a viscous particle, as living protoplasm.

This neither is a decisive argument. But from what can be gathered from the most reliable sources it must be admitted that the general trend goes to support Metchnikoff's views, in the main, viz: That the leucocyte does envelope the living microbe. But, does that prove that it is the master? On the contrary, if there is a conquest it is on the side of the microbe, which now holds the fort.

Our experiment lately made with the aid of M. Hart has contributed toward clearing the atmosphere of many obscurities and places the subject in clearer light.

1st. *The leucocytes of the blood do absorb the living microbes.*

2d. *They perish in this interior, but not by any power of digestion as pretended by Metchnikoff.* Our operative procedure was very simple. The ordinary microscopical examination of the blood will not do here. It must first be defibrinated, infected and prepared on special plagues; then after varying periods we are prepared to proceed with our experimentation. We selected the blood of the dog and employed as an infecting agent, the *bacillus communis* from the large intestine of man and obtained the following results: Here

the author presents an elaborate decimal table of the results after varying periods of time, with mixtures of blood, concentrated and reduced, with the microbes. By these experiments he was enabled to arrive at an exact idea of the destructive power of the blood of the dog on the common bacillus. He noted that in one cubic centimetre of blood which contained 4,000,000 bacilli, after one hour; this number was reduced to 200,000; after two hours, 7,000; after six hours they had all perished.

These experiments were repeated with three different microbes; the common bacillus of the intestine; the staphylococcus pyrogenus and the spores of the bacillus of barley. The results were practically the same in all.

When, by filtration the leucocytes were partly eliminated, the bacilli, instead of diminishing, increased in numbers. From which, it is concluded, that *the loss of bactericidal power was due to the elimination of the leucocytes which gives the microcidic power to their possessor.*

It might be objected, that though these experiments have established the truth of the bactericidal power of the white globule, it does not necessarily prove that they embrace and digest the living germs.

But the repeated and crucial tests to which we carried our experiments incontrovertibly demonstrated, *not only that the leucocyte possesses bactericidal power, but that it absorbs the living bacillus and then destroys it in its interior.*

Laudable pus was taken and mixed with non-filtered blood, with filtered blood, and with a portion of blood which had been diluted. Here, again, an extensive set of tables with the most minute precision, set forth the phagocytic potency of each preparation. From all of which the author concludes that "there is no fact better established, in medical science than that *the leucocytes absorb the living microbes and digest them, and that this is the most potent of all factors in destroying infection by pathogenic microbes.*"

In the next issue the author promises to set forth in detail the share which the serum plays as a germicidal agent.

T. H. M.

NEW TREATMENT OF BRIGHT'S DISEASE.

DR. PETER NETSCHAJEFF communicates the results of a new method of the treatment of Bright's disease. Dr. Netshajeff uses the antiseptic properties of methylen blue. Ehrlock and Leppmann warned against the use of the substance in disease of the kidneys, but the results of Netshajeff seem to show that in acute nephritis caused by microorganisms, it is of great use. The drug was administered in 15 cases, 0.1 gram three times every second day, as soon as the second day the diuresis increased considerably, in a few days the casts and the albumen disappeared from the urine. In other diseases methylen blue has no diuretic action whatever.—*Deutsche Med. Woch.*

VERTICAL HANDWRITING.

IN an article in the *Popular Science Monthly* under the heading of "An Argument for Vertical Handwriting," J. V. Witherbee points out that not only is the present mode of teaching writing contrary to Nature, and the writing so taught difficult to read, but that writing in which the lines are upright, instead of at a slant of fifty-two degrees, is easier both to read and to write. The main point, however, is that the position assumed by the pupil who slants his letters is very bad from a hygienic point of view. As a rule, he sits sidewise to the desk, with only one arm supported, and as a result one shoulder is higher than the other, besides the head is commonly turned until a line connecting the pupils of the eye is parallel to the line on which he is writing. Nature impels him to twist his neck so that one eye shall be at the same distance from the letters he is making as the other. Unless he does turn his head, the eyes are not equidistant from his work, which tends to shorten the sight of one eye and lengthen that of the other. This accounts in a large measure for the need of two glasses of different power for the same person, so frequently met with at the present time. This position, with one shoulder higher than the other, continued day after day, results in a lateral curvature of the spine. With the vertical writing this is impossible. At

the foot of each copy slip the following directions are printed:—Sit squarely facing the desk, with feet flat on the floor. Raise seat so that both forearms, when placed half their length on the desk, are nearly level. Place paper squarely in front of breast bone. Keep elbows close to body. Sit erect." Compare such a position with that usually assumed by the pupil who writes the ordinary slanting hand, and at once a strong argument in favor of the vertical handwriting is seen. Other advantages of the system are that it can be written more rapidly and occupies less space on the paper. In England this new style is making rapid headway, so much so that the examiners require its use in all the branches of the civil service.—*Montreal Medical Journal.*

OBITUARY.

Dr. John M. Keating, LL.D., formerly of Philadelphia, a physician and medical author of national reputation, died at Colorado Springs, November 17. In 1879 he was a member of General Grant's party on a visit to India and Southern Asia. He is best known to the profession by his editorship of the "Cyclopedia of the Diseases of Children." He was the founder and one of the editors of the *International Clinics* and of the *Climatologist*.

Dr. Charles Warrington Earle, president of the Chicago Medical Society, died at his home in Chicago, November 19.

He was born in Westford, Vt., April 2, 1845, and removed to Illinois with his parents in 1854. At the age of 16 he enlisted in the 15th Illinois; was injured while loading a transport. In ten months he recovered and re-enlisted in the 96th Illinois; was made Sergeant and promoted to be First Lieutenant. Shortly after the battle of Chickamauga he was taken prisoner while serving in General Gordon Granger's division. His bravery and gallant action in battle was the subject of compliment, and he was one of the famous band of prisoners that escaped from Libbey Prison through a tunnel. He returned to his company and served in the battles of Resaca, Kenesaw Mountain, Atlanta, Franklin and Nashville. He was brevetted Captain for bravery in the engagements named.

After the war, he entered Beloit College, Wis., where he remained three and a half years, after which he entered Chicago Medical College and was graduated therefrom in the class of 1870.

He was once President of the Illinois State Medical Society, and at the time of his death president of the Chicago Medical Society, Dean of the Woman's Medical College, President of the Board of Directors and a Professor in the College of Physicians and Surgeons of Chicago.

Dr. Eugene Horwitz, of Baltimore, Md., died at his home November 10. He had pneumonia, which attacked him while on his return from the World's Fair some days ago. Dr. Horwitz was born in Philadelphia, December 7, 1863, at the residence of his grandfather, the celebrated surgeon, Samuel D. Gross.

Book Notes.

Books and pamphlets received :

CONNECTICUT STATE MEDICAL DIRECTORY. Published by Danbury Medical Printing Co.

REPORT ON NASAL SURGERY WITH ILLUSTRATED CASES. By M. F. Coomes, A.M., M.D. Louisville, Ky. Reprint from *Am. Practitioner and News*.

HYDROCYSTOMA. By A. R. Robinson, M.B., L. R. C. P. and S. (Edin.). New York, N. Y. Reprint from the *Journal of Cutaneous and Genito-Urinary Diseases*.

LUPUS, ITS EXTIRPATION. By B. Merrill Ricketts, M.D. Cincinnati, O. Reprint from *N. Y. Medical Journal*.

A CASE OF DISLOCATION OF THE FOURTH CERVICAL VERTEBRA WITHOUT FRACTURE. By A. M. Holmes, A.M., M.D. Denver, Col. Reprint from *Medical News*.

LIGATION OF THE COMMON CAROTID ARTERY PRECEDED BY LARYNGOTOMY FOR ANEURISM OF THE INTERNAL, EXTERNAL AND COMMON CAROTID ARTERIES. By John Deaver, M.D. Philadelphia, Pa. Reprint from the *University Medical Magazine*.

RESULTS OF ASEPTIC CELIOTOMY. By Wm. H. Wathen, A.M., M.D. Louisville, Ky. Reprinted from the *American Journal of Obstetrics*, September, 1893.

OXALIC ACID AS AN EMENAGOGUE AND OXYTOCIC. By Homer C. Bloom, M.D., of Philadelphia. Reprinted from *The Medical News*.

Bureau of Information.

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When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

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Philadelphia, Pa.

DIABETES IN PREGNANCY.

MRS. H. two years ago was pregnant with her first child; was very miserable much of the time; accidentally discovered sugar in her urine about the seventh month. Had been frequently testing for albumen with negative results. The eighth month she was delivered of a dead baby; the urine then gradually cleared up. This was followed by nervous prostration, flatulent dyspepsia and constipation, so much so that she nearly died from inanition.

In the past ten months she has been much better, has gained weight and strength.

She is now six months pregnant, and for the past two weeks there has been sugar in her urine. However, she is going along much better than she did before.

Now, what is the cause of the sugar in the urine, and what would you advise me to do for her?

I am unable to find a similar case, as to the sugar, on record. W. F. CARSON.

[Glycosuria is rarely present in pregnancy. It is probable that there is in this case a predisposition to this disease. The best results I have yet obtained have been from Rigaud and Chapoteau's solution of strontium lactate; and the fl. ext. syzygium jambolanum caused the disappearance of sugar in two cases.—W. F. W.]

RUSSIAN PHYSICIANS.—There are 12,000 male physicians in Russia, of whom 2,500 are in the army, and 400 female physicians. There is one doctor to every 12,000 people.

The Medical Digest.

THERAPEUTICS.

The Treatment of Cancer with Chrom-anilin.—Dr. J. Tessari arrives at the following conclusions based upon the results obtained in six cases of cancer inaccessible to operative means:

1. The treatment with chrom-anilin suggested by Mosetig proved of value in the cases observed

2. The assumption that the dye stuff (cochineal) derived from animals produces better results than chrom-anilin was shown to be correct.

3. Picro-carmin did not prevent the growth of the tumors, did not alleviate the pains nor arrest the purulent discharge.

4. On the other hand, fuchsine had a moderately destructive action on neoplastic nodules, relieved and sometimes removed the pain, suppressed the disagreeable odor, and reduced or prevented secretion.

5. Methyl violet did not remove the neoplasm, but produced a marked retardation in its development, relieving the pains and foetid discharge.

6. When carefully employed none of three substances mentioned occasioned toxic symptoms, and perhaps this may be true of large doses.—*Internat. Klin. Rundschau.*

Salicylic acid is highly recommended as an application to ring-worm. It may be used as an ointment, but is much better as a saturated solution in collodion. One application is often all that is necessary to affect a cure, but it may be repeated if necessary. The pain caused is not usually severe.

—*Med. Times and Hosp. Gazette.*

The Toad in Therapeutics.—Dr. Lander Brunton, in his recent address to the Pharmaceutical Society, mentioned that phrynin has an action resembling digitalis, and he also remarked: "It is quite possible that some of these days we may have an enterprising firm advertising essences of toad as being of superlative virtue for the cure of dropsy."

—*Med. Record.*

MEDICINE.

The Present Epidemic of Influenza.

—The sickness statistics of Michigan have demonstrated the law, that, generally, influenza (la grippe) is quantitatively related to the atmospheric ozone,—the more ozone the more influenza; and the law that remittent fever is inversely related,—the more ozone the less remittent fever. The unusual amount of ozone, the increase of influenza and the falling off of remittent fever shown in the State Board of Health Bulletin for the week ending November 18, illustrate these general laws.

The Microbes of Bank-notes.—Two bacteriologists of Havana, Acosta and Grande-Rossi, have been studying the microbes of bank-notes. They have proved that the weight of these notes increases in the course of circulation by reason of foreign matter. Then microbes appear, their number exceeding nineteen thousand in one instance. The presence of a septic bacillus that rapidly kills animals inoculated with it, the specific microbe of the bank-note, has also been discovered. Besides this, for which the name bacillus septicus aureus has been suggested, there were eight distinct pathogenic species found upon the Havane notes, among which were the bacilli of tuberculosis and diphtheria, and the streptococcus of diphtheria.

—*N. Y. Medical Record.*

The Treatment of Epilepsy.—Fleischig (*Neurol. Centralt.*, No. 7, 1893) gives a preliminary account of a new mode of treating epilepsy lately originated by him, which he found to be more effectual than methods previously used. His plan consists in giving small but increasing doses of opium for about six weeks, then discontinuing the opium and substituting large doses of bromide (about 7.5 grammes daily). After continuing these for two or three months the dose was gradually brought down to 2 grammes daily. The result usually obtained was cessation of fits as soon as the bromide was commenced; the observations, however, did not cover any great number of cases or period of time. Stein (*ibid*, October 1st, 1893) has used the

method in several cases, of which he specially refers to six. In three of these patients the fits stopped shortly after beginning the course of bromide; the patients then passed from under observation. Two of the remaining patients had no fit from the time that the bromide was substituted for the opium until the date of report (early part of July to September 15th), their general health improved, and their body weight increased. The last case was a boy in whom the fits were arrested for only a few weeks. Prior to the opium treatment this patient had been intolerant of bromide; but after it he could take 5 grammes daily. In general Stein thinks favorably of the method, and recommends it especially for children.

—*The British Medical Journal.*

SURGERY.

New Remedy for Gonorrhea.—Alejandre Infante administers internally a 2-5 per cent. watery mixture of fluid extract of *aplopappus clareta* in two to three tablespoonful doses, and obtained favorable results within a short time in obstinate cases.—*Monatsh. f. prakt. Dermatol.*

Treatment of Soft Chancres by Heat.

—Lorand (*Wiener med. Woch.*, No. 40, 1893) describes this mode of treatment, which he saw carried out by Welander at Stockholm. It is based on the observations of W. Boek and of Aubert, the latter of whom found that chancrous pus heated to 40° C. became non-inoculable. Welander's method is as follows: Water is conducted by two pipes, one carrying hot and the other cold water, to a copper reservoir, and is there kept at a temperature of 50° C. by means of a gas jet. From the reservoir the water is carried by a rubber pipe to a coil of lead tubing through which it circulates, and then escapes by another rubber pipe. If the water in the reservoir is kept at 50° C. it is found that when it reaches the coil it has a temperature of about 41° C., below which it must not be allowed to fall. The ulcers are dressed with pledgets of cotton wool soaked in warm water, any undermined edges being first snipped off. A layer of moist wool is then applied round

the penis, and over this the lead tubing through which the hot water is kept flowing. Another layer of wet wool covers the tubing, and the whole is covered with gutta percha tissue. The dressing is changed three times a day. Lorand saw about twenty cases, in some of which the chancres were both numerous and large, treated in this way. In the majority it was found that after two days' treatment the ulcers were clean and healthy, and then the secretion was no longer inoculable. The patients were then allowed to go home, and were treated as out-patients. The sores usually healed quickly under the application of dermatol. Welander's statistics showed that among 118 patients who had been treated by his method at an early stage there was no case of bubo.

Formation of a New Sphincter After Extirpation of the Rectum.

—Dr. Willem's has described a plan of preventing the fecal incontinence which so frequently occurs after removal of a portion of the rectum for malignant disease. The good results of simple separation of the fibres of the rectus muscle in gastrostomy have led him to believe that a similar advantage might be attained by fixing the cut edges of the remaining portion of rectum to a slit made in the gluteous maximus by forcible separation of its muscular fibres. The following are the steps of this procedure, which has hitherto been practised only on the cadaver: After removal of the lower part of the rectum, together with the sphincter, by the perineal operation, the body, if it has hitherto rested on one side, is now placed in the lithotomy position. If the rectum has not been divided very far above the anus, and its remaining portion can be readily drawn downward, a skin incision about two inches in length is made over the ischial tuberosity in an oblique direction upward and outward, so as to run parallel to the fibres of the gluteus muscle. A slit is next formed in this muscle about a finger's breadth above its lower margin, by separating its bundles by means of a director or closed dissecting forceps. The extremity of the remaining portion of gut is finally drawn through this opening and stitched to the edges of the wound in the skin. When

a considerable portion of the rectum has been removed and it is found impossible to drag down the gut margin as far as the ischial tuberosity, the author would endeavor to insert this end of the intestine at a higher part of the gluteus muscle and between the muscular bundles which arise from the margin of the sacrum. In such case the incision, which is made through skin and fasciæ, should be carried obliquely downward and outward from the right margin of the sacrum. The exposed muscular bundles having been separated, and also, if it be necessary, the sacro-sciatic ligaments divided, the end of the shortened gut should then, as in the former instance, be drawn through the slit and tied by sutures to the external wound.—*Centralblatt für Chirurgie*.

OBSTETRICS AND GYNECOLOGY.

Conception During the Puerperal Period.—Dr. Brasseur relates the case of a woman, twenty-two years of age, who was delivered on July 4, 1892, of her first child. July 8th she practiced coitus, and was again delivered March 10, 1893, of a healthy child. Calculating from the date of coitus, the second pregnancy lasted two hundred and forty-three days, that is, twenty-seven days less than the normal. This case has caused considerable discussion. Ovulation must have existed in the woman on the fourth day after the delivery, and it was necessarily quite independent of menstruation. Dr. Koenig, who actually observed the case, draws from it the following deductions: 1. A gestation period of two hundred and forty-three days after a fecundating coitus may produce a viable child. 2. The spermatozoa can live in the lochial secretions. 3. The functional activity of the ovaries is not completely suspended during pregnancy. The Graafian follicles so open that they may burst a very short time after delivery. 4. Ovulation and menstruation may occur independently of each other. 5. Among vigorous women, during the period immediately following confinement the uterine mucous membrane may undergo a rapid regeneration which renders possible the implantation of a fecundate ovule immediately after delivery.

—*N. Y. Med. Record*.

Tuberculous Peritonitis Simulating Pregnancy.—Budin (*Archives de Tocol. et de Gynéc.*, September, 1893) relates how he once examined a girl, aged 17. She was very dark and bore hair on the upper lip. There was a deeply tinted areola round each nipple and pigment along the linea alba. The period had ceased. The abdomen was tender, and flabby swelling occupied the hypogastrium. On abdominal palpation it felt like a uterus. There was much emaciation. On bimanual palpation the uterus was clearly defined, small and distinct from the swelling, which was resonant on percussion and crepitant on auscultation. Budin diagnosed tuberculous peritonitis. The patient died a few months later, and the diagnosis was confirmed at the necropsy. A few years later he examined a precisely similar case. The fine irregular crepitation is due to displacement of gases in the intestine.

CHILDREN'S DISEASES.

Crying in Children.—The cry of children, according to Dr. E. C. Hill, in pneumonia and capillary bronchitis is moderate and peevish and muffled, as if the door were shut between child and hearer. The cry of croup is hoarse, brassy, and metallic, with a crowing inspiration. That of cerebral disease, particularly hydrocephalus, is short, sharp, shrill, and solitary. Marasmus and tubercular peritonitis are manifested by moaning and wailing. Obstinate passionate, and long-continued crying tells of earache, thirst, hunger, original meanness, or the pricking of a pin. The pleuritic is louder and shriller than the pneumonic, and is evoked by moving the child, or on coughing. The cry of intestinal ailments is often accompanied by wriggling and writhing before defecation. Exhaustion is manifested with a whine. Crying only, or just after coughing, indicates pain caused by the act. The return or inspiratory part of the cry grows weaker toward the fatal end of all diseases, and the absence of crying during disease is often of graver import than its presence, showing complete exhaustion and loss of power. Loud screaming sometimes tells of renal gravel.

—*Ontario Medical Journal*.

Prescriptions

FOR SCURF OF SCALP.

The domestic use of camphor and borax for scurf of the scalp is well known, and this has been reduced to a scientific basis by Hillairet, who prescribes :

- R Borax 20
Camphorated sulphuric ether. . . 20
Water 250 parts
M. S.—Rub well into scalp.

SIMPLE CATARRHAL RHINITIS.

- R Acid. carbolic gr. viii.
Sodii biboratis 3 iss.
Sodii bicarb. 3 i
Glycerin f 3 ss.
Aque . . . q. s. ad. . . . f 3 iv.
M. Ft. sol.
Sig. Dilute one-half with hot water.

- R Sodii bicarb.
Sodii biborat, . . . aa . . . 3 ii.
Sodii benzoatis gr. xv.
Eucalyptol gr. v.
Ol. gaultheriæ gtt. v.
Glycerin f 3 ii.
Aque . . . q. s. ad 0 iss.
M. Ft. sol.
Sig. Dilute one-half with hot water.

- R Tinct. iodini m. xii.
Acid. tannici gr. xxx.
Glycerin f 3 ss.
Aque, . . . q. s. ad f 3 iv.
M. Ft. sol.
Sig. To be used warm as a spray.

—Spencer in *International Med. Mag.*

IN CONSTIPATION IN INFANTS.

When the stools are hard and clay-colored, Ringer recommends the following:—

- R Resin. podophylli gr. j.
Alcohol f 3 j.
M. Sig. One or two drops on sugar t. d. to an infant one or two months old.

—*College and Clinical Record.*

TO HASTEN DESQUAMATION IN SCARLATINA.

- R Resorcin 3 j.
Lanolin 3 iss.
Olei sesami f 3 ss.
M. et. ft. ung.
Sig. Rub into skin twice each day.

—*Indiana Med Journal.*

FOR HEMOPTYSIS.

- R Quinina hydrochloratis.
Pulveris digitalis . . . aa . . . 3 i.
Pulveris opii 3 ss.
M. Et fiat pilulæ No. lx.
Sig. One to be taken every six hours.
—*Practitioner,*

FACIAL NEURALGIA.

- R Dover's powder.
Sulphate of quinine, . . aa . . 3 i.
Ext. of valerian, q. s.
M. Pil.
Sig. Four daily, seldom fails.
—*Medical Press.*

ESCHAROTIC PASTE.

Dr. J. Felix, Surgeon to Saint Gertrude Hospital, at Brussels, makes use of a mixture composed as follows, in the destruction of malignant tumors, lupus, nevi, and unhealthy wounds :

- R Wheat flour 3 vij
Starch 3 ij
Corrosive sublimate gr. xv
Pure iodol,
Croton chloral,
Bromide of camphor,
Crystallized carbolic acid. . . aa 3 iiss
Dry chloride of zinc . . . 3 vij
Water, enough to make a homogeneous mass of the consistence of putty.

—*La Revue Medicale.*

MIXTURE FOR FREQUENT EPISTAXIS.

Dr. A. Harkin (*La Semaine Médicale*, No. 50, 1893) recommends the following mixture in epistaxis recurring frequently :

- R Chlorate of potash gms. 18
Perchloride of iron. gms. 3
Water gms. 300

Two tablespoonfuls of this solution three times a day.

LOCAL ANESTHESIA.

A local anesthetic recommended by Dobisch :

- R Chloroform parts 10.0
Aetheris " 15.0
Menthol " 1.0

This mixture is applied by means of Richardson's spray, and, within a minute, an anesthesia is obtained which lasts from four to six minutes.

Prag. Med. Woch.

The Times and Register.

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Clinical Lecture.

EPIPHORA OR WATERY EYE.

By PROF. L. WEBSTER FOX.

GENTLEMEN:

THE patients I bring before you to-day show conditions which you will frequently see in every day practice; and; to successfully treat them, should call forth not only considerable surgical skill on your part, in trying to alleviate their sufferings, but, when you have accomplished it, you will have gained their very great gratitude.

This woman has suffered from an accumulation of tears on the anterior part of her left eye for several years, and she is under the necessity of frequently wiping them away, otherwise her vision would become blurred on account of the morbid refraction which they produce in the rays of light that enter the pupil.

The least exposure to cold or draughts of air causes the excessive secretions to overflow the edges of the eye-lids and

*An abstract of a Clinical Lecture delivered at the Medico Chirurgical Hospital.

produce an eczematous eruption on the cheek. The seat of the trouble may exist anywhere along the track of the canal, from the opening of the puncta lachrymalia to its opening in the nostril. As you are aware, the lachrymal gland which secretes the tears is situated in the orbit to the upper and outer quadrant. This gland, in a normal condition, secretes sufficient fluid to lubricate the eye-ball, to aid in keeping the cornea nourished and also aiding in washing away extraneous matter which otherwise would find lodgment on the transparent cornea and cause, first, dimness of vision, second, permanent loss of sight.

When the epiphora is not induced by an affection of the mind, any inflammation of the conjunctiva will be sure to superinduce a hypersecretion of tears. This inflammation may affect the puncta, and then we should simply have an epiphora due to closing of the opening of the canal by excitation. In this patient such a condition does not exist to any marked extent, and I am inclined to believe that we shall find the seat of the trouble beyond this point, and deeper along the track of the canal. I shall press

gently upon the sac and this reveals that pus is escaping into the palpebral fissure. This aids us in locating the seat of the trouble, although we are not certain but that the lesion may be at a point further down the tract. I am inclined to think that this is the condition here, for had the mouth of the sac been open, pressure from above would have caused the secretion to have been forced along and emptied into the nasal cavity. Were this inflammation permitted to go on we should have but one ending, the pus would accumulate in the sac, acute inflammation take place, the tissues surrounding the sac break down and fistula would be the result, opening outwardly; again, the pus burrowing along the nasal bone, finding its way into the nostril, leaving necrotic bone in its track, causing a most deplorable condition to the patient.

In many cases we do not find any complications, other than simple stricture of the mouth of the sac. In such cases we do not find the existence of pus but simply an over-flow of tears. Such a case was brought to my notice by Dr. Andreas of South Bethlehem, and another patient where the puncta was too small was referred to me by Dr. Gibb of this city.

The second patient is a man who has had lachrymal trouble dating back for at least ten years, commencing as he tells us by a simple overflow of tears and eventually ending in a chronic discharge of pus from both eyes. This case forcibly illustrates the failure of treatment at the hands of the best surgical skill. For ten years he has had all kinds of treatment excepting one, the insertion of the silver style, but of this I shall speak later. You must bear in mind that it is not always a lesion at the orbital end of the canal that you have to treat, but it may be obstruction at the nasal end of the canal that prevents the escape of tears. I may say in passing that a careful surgeon has the nasal cavities examined in all intractable cases. You have had many opportunities of seeing these cases and others in the various stages of the disease, and during the winter many similar conditions will be shown here. As regards treatment, when you have epiphora due to conjunctivitis, mild astringent lotions such as we use daily at our clinic will answer very well. For those of you who have not at hand

the prescription I shall repeat it:

R Acidi borici.
Sodii chloridi, . . aa . . . gr. xx.
Aq. camph.
Aq. destil . . . aa . . . ʒii.

When there is a narrowing of the puncta you dilate it with a fine pointed probe such as I show you. When, however, you have conditions such as you find in these two patients, you proceed to more radical measures, slit up the canal with a Weber's knife and follow this by passing a good sized probe through the canal, and then insert a silver style. The slitting of the canal and passing the knife down into the canal is apparently a simple operation, but still one not free from danger; false passages are easily made, or the knife may break by wedging it into the bony canal. Great care must be exercised, especially when you have necrosis of the bone, such as I find in this second patient.

As regards treatment in general, astringent washes, as I remarked previously, do good in certain conditions. Syringing as first recommended by Anel in 1712 and by Blizard in 1780, has had advocates from that date to this, but even this method counts as many failures as successes. The modern day treatment as followed by the French and German ophthalmic surgeons believe in fine probes which of course do not dilate the canal to any extent, many of the English surgeons, on the other hand, dilate the canal to its fullest calibre. In this country ophthalmic surgeons are divided as to the calibre of the probe used. My own experience carries me into using probes of the larger sizes, followed immediately by inserting a silver style such as I show you. The detail of the operation is carried out as you observe. I stand behind the patient, supporting his head against my body; as the operation is being performed upon the left eye, I press the thumb of my right hand over the cheek bone and just along the lower edge of the eyelid, which, by this action is drawn slightly down and out. The bulbous point of the Weber's knife is inserted into the puncta, the handle of the knife is then dropped below the horizontal plane of the eyelid, the knife with the cutting edge of the blade inclined towards the eye ball, is pushed towards the

nose; when the point of the knife has touched the nasal bone, as I have done here, it is raised to the vertical position, the cutting edge of the blade rotated forward and pushed forcibly yet gently into the canal, burying the blade well up to the handle. As you notice I have done so without difficulty and without much pain to the patient I withdraw the knife and by gentle pressure for a few minutes stop the slight bleeding. A silver probe of large size is now inserted which passes well down into the canal; this is allowed to remain for several minutes and I follow this by placing this silver style into permanent position. This tube is allowed to remain in the canal for several days, when it will be removed, cleansed, and returned to its place. This may be repeated at intervals of several days, until the secretions have disappeared and a free opening obtained.

With this second patient I anticipate a much more difficult operation. This man has had many operations performed, yet in spite of the good work a stricture has formed at the mouth of the sac. In such cases it is worse than useless to try to pass a Weber's knife. We must try to make the opening with a different knife, and for this purpose nothing approaches a Stilling blade such as I show you. The same action of inserting and passing the knife downwards is made as in the prior operation. This incision is followed by inserting the large sized probe and style. A very simple method of proving whether the canal is open is by having the patient shut his lips and pressing his nostrils with his thumb and fingers and then trying to force the air through the lachrymal canal, and I am going to ask the patient to try the experiment. You notice that we have succeeded. The after treatment is simply applying absorbent cotton, saturated with boracic lotion, to which a little *vini opii* has been added, about two drams to a four ounce mixture. There is one point that I must call your attention to before we dismiss these cases, and that is that great care must be used in keeping the slit from the puncta to the opening into the sac free. This is easily done by running a blunt pointed probe along this track daily for two or three days.

Original Articles.

MYDRIATICS IN EYE AFFECTIONS.

By FRANK TRESTER SMITH, A.M., M.D.

[Professor of Diseases of the Eye, Chattanooga Medical College. Secretary of the Tri-State Medical Society of Ala., Ga. and Tenn.]

IT is of importance, to all who prescribe even for the simplest affection of the eye, to understand the indications and contra-indications for the use of mydriatics, for the neglect of these, in proper cases, or their use in improper cases, may result in the destruction of the eye.

I desire to lay down the following general principles for the guidance of those who are not familiar with the treatment of eye diseases.

Mydriatics are indicated in the following conditions:

1st. In all inflammations of the eye except conjunctivitis. Even here they are not contra indicated, and their use is advocated in purulent forms of conjunctivitis on account of the liability of secondary ulceration of the cornea. In trachoma some advocate their use to prevent the development of an insidious iritis.

When there is a doubt of the diagnosis, and a congested eyeball, atropin should be prescribed.

2nd. In perforations of the cornea near the center whether these be produced by ulceration or traumatism. By dilating the pupil the iris is drawn from the site of the injury where it would otherwise become adherent (anterior synechia). For the same reason in perforations near the periphery of the cornea we desire to contract the pupil and myotics are indicated.

3d. In examinations of the interior of the eye.

This will enable us to detect readily adhesions between the iris and the lens (posterior synechia). Opacities in the lens are more readily seen and the condition of the vitreous more readily observed.

4th. In testing for errors of refraction.

These cases are for the specialist and demand no further notice in an article intended for the general practitioner.

5th. The convergent strabismus.

As this condition is caused by hypermetropia, for the correction of which the patient contracts the ciliary muscle, and this contraction is accompanied with a tendency of the internal recti muscles to contract, it would seem that mydriatics which paralyze the ciliary muscles would correct the squint. However their use for this condition is of very limited application. They are sometimes used for this purpose in children who are too young to use glasses.

The above are the main indications for the use of these remedies, the most important of which is the first.

The main contra-indication for their use, and one of vital importance and which should always be kept in mind, is a tendency to glaucoma.

This is indicated by an increased tension (hardness) of the eyeball. It should be looked for in all patients over forty years of age. Glaucoma is rare at an earlier age. If the pupil were dilated in a case of this kind it would probably bring on an attack of glaucoma which might destroy the eye if not promptly and properly treated.

A second contraindication is a perforation of the cornea near its periphery. Here however if iritis be present they should be used.

Dryness of the throat, flushing of the face are sometimes produced by small doses but do not contraindicate the continuance of these remedies in smaller doses. These symptoms can be lessened by holding the head to one side so that the drops will flow toward the temple and by compressing the lachrymal sac with the finger.

Mental hallucinations rarely produced by ordinary doses of atropin call for the temporary withdrawal of the remedy and its use in smaller doses.

Death from an overdose has never been reported so far as I know.

Sulphate of atropin is the mydriatic most available for general use. (gr. v. f $\frac{3}{4}$ j). The same strength should be used for children, as weaker solutions sometimes fail. If it is desired simply to examine the interior of the eye the strength may be reduced to gr. $\frac{1}{4}$ to f $\frac{3}{4}$ i., but for this purpose cocain is more readily adapted. This should not be used in the eye stronger than gr. iv to f $\frac{3}{4}$ j.

Cocain is sometimes combined advantageously with other mydriatics and is said to promote their absorption. The combination with homatropin is valuable for simply dilating the pupil or for testing the refraction, the advantage of this combination over atropin is that the effect is not as lasting. In the former case the pupil will be reduced to its normal size and the ciliary muscle will have recovered in twenty-four hours, while in the latter it generally takes two weeks.

It is not necessary to use a myotic to overcome the effect of the mydriatic for the eye will recover about as quickly spontaneously.

TEMPORARY BLINDNESS.

By J. A. TENNEY, M. D.

Boston, Mass.

[Professor of Ophthalmology in Tuft's College Medical School.]

HYSTERICAL blindness is not so very uncommon; but in the cases to be described, there was no evidence of a neurotic condition.

A school girl, seventeen years old, suddenly found herself nearly blind in the right eye. She could read 20 cc. There was no history of menstrual disturbance, or of taking cold. When it was examined with the ophthalmoscope, the media were found to be clear, showing the absence of hemorrhage. There was a slight blurring of the optic disc on the nasal side, and the retinal veins appeared to be slightly congested.

Upon the supposition that there might be edema of the nerve sheath on that side, iodide of potassium was prescribed in ten grain doses, three times a day. In two weeks she could see 20.c and in another week 20.lxx. At this time, strychnine was substituted for the iodide in doses of one-fortieth of a grain. In about three weeks after she commenced to take the strychnine, she had normal vision, and has retained it to the time of writing:—an interval of about a month.

Another school girl of the same age, received an injury to the right eye of a peculiar kind. She was riding by the rear window of an electric car, when the motor-man suddenly reversed the motor, to avoid running over a man. Another car struck the rear of this one, at full speed, shattering the window next to the

young lady and covering her face and clothing with a shower of broken glass. Her friends said she paid little attention to the accident. Two weeks afterward she complained of trouble in the right eye, and was taken to an oculist. He found a number of pieces of glass in the conjunctival sac. After she returned home, her family physician removed about a dozen pieces more. In about two weeks more she was seen by the writer who removed six pieces, from the size of the end of a small needle to that of a pin's head or longer. The sac was explored as thoroughly as possible, and wiped out with cotton on a probe under cocaine. After this her physician removed a number of pieces making twenty-six in all.

About two months after receiving the injury, she became nearly blind in that eye. The ophthalmoscope revealed nothing, except some congestion in the retinal veins. Her vision was about 20 cc. Atropine sulphate in two grain solution was instilled into the eye three times a day, which was the only treatment. The eye gradually grew better, and in about two weeks normal vision was restored.

Von Graefe, Schirmer, Leber, Samelsohn and others have noted cases of transient blindness following long-continued blepharospasm; but none of them ever attempted to account for the condition. There was never any blepharospasm in either of these cases.

The most unique feature in this latter case was the length of time the glass remained in the eye without producing any irritation. It was two weeks after the injury before the presence of anything in the eye was suspected. The lower lid remains congested, showing the presence of powdered glass; and the eye troubles her so that she cannot go to school—ten months after the injury was received.

2 COMMONWEALTH AVE.

What should a man desire to leave ?

A flawless work, a noble life ;

Some music harmonized from strife ;

Some finished thing—ere the slack hands
all ebb

Drop—should be his to leave.

Or, in life's homeliest, meanest spot,

With temperate step from year to year

To move within his little sphere,

Leaving a pure name to be known or not ;

This is a true man's lot —*Anon.*

STUDY OF THE RELATION OF GENERAL DISEASE TO THE DEVELOPMENT OF CATARACT.*

By EDWARD JACKSON, A.M., M.D.

Professor of Diseases of the Eye in the Philadelphia Polyclinic; Surgeon to Wills Eye Hospital.

THE possible causes of cataract may be considered under three heads, namely: Senile degeneration; disease of the eye itself; and general disease impairing the nutrition of the crystalline lens by some influence exerted through the blood or through the nervous system.

The influence of senile change is obviously indicated by the occurrence of cataract chiefly after middle life. That such an influence exists, and is powerful, probably no one questions; but the view that it is the sole cause, or anything more than a predisposing cause in a majority of cases, seems to be negated by the clinical history of cataract. The changes of age, those which result from the lapse of time and the purely physiological use of an organ under physiological conditions must be, in the main, slowly and steadily progressive; at least, if they were more evident at some times than others, they would never become entirely stationary or in any case retrogressive.

The one fact, however, in the clinical history of so called senile cataract that seems firmly established by the studies that have heretofore been made of it, is that in the majority of cases the condition is not steadily progressive, but is marked by periods of rapid increase and periods of little or no change, or even in certain conditions, by periods of diminution of opacity.

I well remember a case occurring some years ago in the service of Dr. Harlan at Wills Eye Hospital, where we were inclined to think from the appearance of the opacity that it was likely to be rapidly progressive, the patient received the opinion with perfect composure and apparent indifference, the cause of which became evident when she informed us that she had been told the same thing six years before, and that there had been no perceptible change in her vision during that interval.

*Paper read before the Philadelphia County Medical Society, November 1893.

In a classical case reported in the *Royal London Ophthalmic Hospital Reports*, 1866, Bowman had seen the patient eighteen years before, and had made a drawing of the opacity, which substantially represented its appearance after this long interval.

In a large proportion of the cases of advanced cataract that come to us, the history, as obtained from the patient shows one or more periods of a rapid increase of the cloud over the sight, with other periods in which there was little or no change. In my experience it is quite the exception to find that the difficulty has increased steadily and continuously after a period of months or years. From this observation the obvious deduction appears to be that although senility may be a predisposing cause, the efficient determining cause of cataract must be of quite a different character, at least for the great majority of cases.

Of the importance of local pathological conditions within the eye-ball, particularly those of the nutritive coat, the choroid, the importance of which has been strongly urged by Dr. S. D. Risley, I do not now propose to speak. Their importance is certainly very great, but it seems to me clear that general conditions of nutrition are also of importance in this connection. It may be claimed that general conditions act by their influence on the choroid. But even admitting this, such influence often does not become evident by any changes that can be detected in that membrane, but only by the resulting altered nutrition of the lens; and the changes in the choroid, though they may exist, being secondary to the general departure from health, the practical thing to do is to fix our attention and address our remedies to that.

The literature of cataract as carefully reviewed by Dr. de Schweinitz shows a large number of attempts to connect the occurrence of lens opacity with particular general diseases, but with conclusions based upon very insufficient data. For instance, one writer reports a series of cases of cataract in which heart disease was present, and upon the frequency of such a concurrence attempts to establish a connection. So many are the factors to be considered that probably no statistics of concurrence possible, up to the

present time, or likely to be obtainable in the near future, would furnish a substantial basis for any valuable conclusion in this direction.

Again, very many reported cases, and this applies particularly to the striking ones that might be regarded as of great value, are vitiated by probable inaccuracy of diagnosis.

The difficulty of avoiding errors of this sort may be illustrated by a case reported by Dr. Ruschenberger, of this city, in the *Americal Journal of the Medical Sciences* for January, 1846. In this case, which was one of acute pneumonia, he noted that "a cataract formed in the right eye within thirty-six hours, and without any appearance of local inflammation. It was ashy white, and vision totally extinct." The case, however, proved fatal. At the autopsy it was discovered that "what was supposed to be a cataract proved an effusion of lymph within the margin of the pupil slightly adherent to the iris. This lymph formed a disk, covering the anterior face of the lens, which was transparent."

Indeed, so imperfect has been the observation of cases, and the sifting of evidence bearing upon this subject, that with regard to the share of particular diseases in the causation of cataract, it is only perhaps with reference to diabetes and ergotism that the testimony can be regarded as sufficient to establish a connection.

Of course, so many inconclusive attempts to establish such a connection between cataract and disease are of value as negative evidence that no such connection exists. They do not, however, militate against the view, that certain vices of general nutrition which may arise in many specific diseases are an important factor in the production of cataract.

Organic heart disease, gout and arterial sclerosis, as distinct diseases, may have little connection with the cataract, yet in their course there may arise the physical conditions which will in particular patients determine the opacification of the lens. To determine whether that is or is not the case will only be possible by the careful and prolonged study of individual cases, the opportunity

for which is rarely accorded to the ophthalmic surgeon.

Several years ago, while in general practice, I had an opportunity of watching a case of mitral disease, during several months of cardiac insufficiency, along with serious gastric disturbances. During this period there was rather rapid impairment of vision through the development of lens opacity, presenting the ordinary clinical characters of cortical senile cataract. Finally, compensatory hypertrophy re-establishing the balance of the circulation, the digestive disorders were relieved and a better state of health was brought about. Vision slightly improved, and for two years the cataract remained quite stationary. After that, I am informed, her impairment of vision was very slightly progressive for several years. But, prior to her death, as her general condition became impaired the cataract again grew rapidly worse.

Though cases of this kind may occur frequently, such a patient consulting one or more ophthalmic surgeons in the period of comparative health, they would be quite unable to establish any connection between the lens opacity and the general disease. Again, the medical practitioner who did not employ the ophthalmoscope, or who was not sufficiently familiar with its use to exclude changes in the choroid or vitreous from any share in the progressive impairment of vision, would be quite unable to give convincing evidence upon the subject.

It would seem that here, as in so many other cases, scientific knowledge is only to be advanced by the working together of the specialist and the general practitioner. It might be supposed that this could be accomplished in the general hospitals that have upon their staffs skilled ophthalmologists. But such a study to be of any considerable value must extend over a long period—many months or years; and hospital patients are proverbially inconstant, so that to follow them for the necessary length of time is generally quite impossible. The conditions of private practice, where the family physician remains the trusted medical adviser for years, are those most favorable to such a study, and under its conditions it ought to be more frequently undertaken.

This is especially the case, since the good of the patient urgently demands exact and skillful treatment in all cases of commencing senile cataract. If we are to-day able to do less than we desire to influence the general conditions, we have some positive knowledge and ability to cope with the local conditions which attend or cause the development of cataract, and the interest of the patient demands the application of our knowledge in every case. Nor is the consultation of the ophthalmologist only justified when a commencing cataract is feared. There is no condition leading to impairment of vision in the course of acute or chronic general disease in persons over fifty years of age that does not demand prompt and accurate diagnosis and appropriate modification of the management of the case.

In early life we do have failure of accommodation, and perhaps some other conditions leading temporarily to impaired vision during or after acute diseases, which may go on to recovery without medical interference; but in persons past fifty years this does not occur; and, whether the impairment of vision be from cataract or from some other cause, there is equal need of a full understanding of the case.

Probably the mere calling of certain forms of cataract "senile" is partly responsible for their neglect. Cataract is not due to age in the sense that arsenical poisoning is due to arsenic. It ought to be clearly understood that cataract is senile in the same sense as are fibroid kidney, or arterial atheroma, and is quite as worthy of careful diagnosis and intelligent treatment. The interests of the patient demand his professional supervision; the benefit he may derive from it is as definite and unmistakable as in other diseases. And this supervision should include general as well as ocular conditions, and when it does we begin to accumulate data upon which the medical treatment of cataract will be a rational procedure.

What the general conditions are that specially favor the formation of cataract in the present condition of our ignorance it is scarcely worth while to speculate. Perhaps the most plausible hypothesis is the one urged by the late Dr. Isaac Hays,

that the lens opacity is due to a deficiency of water. This was offered as the explanation of diabetic cataract, and that produced experimentally by injections of sugar and various salts beneath the skin of the lower animals. It is also favored by the evident shrinking of the lens when cataract is produced by feeding the animal with naphthalin and the subsequent clearing of such a lens when placed in water.

An hypothesis more nearly in accord with the present views of general pathology, and one probably worth bearing in mind, would be that of the formation and circulation within the body of substances which, reaching the lens by the normal course of the nutritive fluids, act upon it unfavorably.

Briefly, the points which I desire to emphasize by this paper are :

In general, senile change does not produce cataract, but predisposes to it.

The efficient determining causes of cataract are both ocular and general.

The general causes of cataract are not particular diseases as diseases are usually described and classified, so much as physical conditions liable to arise in the course of various diseases.

The nature, prevention and removal of these general conditions that underlie the development of cataract offer promising fields for scientific study.

The professional supervision necessary for the making of such a study is demanded by the interests of the individual patient.

Speaking more specifically, the study of a cataract case should include the careful testing of vision at regular intervals.

The further examination of the eye to determine in how far impairment of vision is due to cataract, and in how far it is due to other causes.

The careful watching of the patient for other symptoms of impaired general health, especially for faults in the circulation, digestion and assimilative metabolism.

Particularly at the first appearance of cataract, and at seasons of its rapid increase, would such a study of the case be of importance.

THE RELATION OF DISEASE AND OF MORBID CONDITIONS OTHER THAN THOSE LOCATED IN THE EYE TO THE FORMATION OF CATARACT.*

By G. E. DE SCHWEINITZ, M. D.,

[Clinical Professor of Ophthalmology, Jefferson Medical College; Professor of Ophthalmology, Philadelphia Polyclinic, etc.]

THE etiology of cataract is by no means always clear, and, independently of the studies which pertain to the pathological anatomy of opacity of the crystalline lens, much interest resides in the causes which may originate clouding of its structure. I omit entirely reference to the influence of age, sex, occupation, heredity, diseases of the eye, and accommodative strain, each and all of which are important factors, and desire to call attention to those cases which bear some relation to nutritive disturbances, in their turn dependent upon constitutional disease, or upon more localized extra-ocular conditions.

For convenience of study, I have arranged the cases in which disease bears some relation to the formation of cataract into :

I. Idiopathic Fevers and Allied Diseases. (a) *Typhus and Typhoid Fever.*

—It is a matter of common observation that the clinical history of cataract formation will not infrequently reveal that the patient refers marked failure of sight to some decided febrile disturbance, but it is difficult to prove that this has positively been the cause of the depreciation in vision.

A little more to the point, but none the less of indifferent value, are the observations by Trelat¹ on cataracts following typhoid fever, in which he describes double, semi-soft cataracts in a young girl which began to develop during convalescence from typhoid fever. Fontan² reports three cases of post-typhoid cataract (*cataracta punctata*) which he believes were the result of mechanical obstruction of the circulation.

(b) *The Exanthemata.*—As the malnutrition of typhus and typhoid fever may perhaps be responsible for lenticular

* Abstract of paper read before the Philadelphia County Medical Society, November, 1893.

¹ Gaz. des. Hopitaux, 1879, p. 417.

² Rec. d'Ophth., 3 serie, 9, 1887.

opacities, likewise this is true of the various exanthemata, quite independently of the fact that these diseases may cause local inflammatory conditions which would determine the opacification.

(c) *Whooping-cough*.—For the most part, the reports concerning the relation between whooping-cough and cataract formation are vague, as, for example, such indefinite cases as were reported in pre-ophthalmoscopic days by Wright,¹ who records the case of a baby, aged eighteen months which was able to see for twelve months, then had whooping-cough, and afterward cataract.

(d) *Malaria*.—Inasmuch as severe malarial fever of any type may be accompanied by lesions in the vitreous and the choroid---for example, hemorrhage, which after absorption leaves membranous opacities and areas of atrophic choroiditis---there is no reason why cataract should not form. A more direct connection than this seems doubtful.

(e) *Epidemic Influenza*.—During the prevalence of epidemic influenza, or la grippe, so fresh in the minds of all of us, a large amount of attention was directed to the ocular lesions, and a great variety of affections, inflammatory and otherwise, which occurred in the eyes of the sufferers were attributed, and no doubt in many instances rightly, to the influence of this extraordinary disease. Therefore, it is not unlikely that the disease, producing such serious inflammatory lesions, may be followed by cataract.

II. Constitutional Diseases. (a) *Gout*.—Zychon² contributes an article upon the influence of gout in ophthalmic disorders.

(b) *Rachitis*.—Punctate cataract sometimes occurs in connection with rachitis, and Nicati³ brings the total cataracts (not congenital) which are sometimes found in children into etiological relationship with rachitis.

A history of convulsions is common, and the dental defects which are present in the form of lines, furrows, or terraces, running transversely across the incisors

or canines, are considered by Hutchinson to be due to the mercury which in all probability was given for the convulsions, which in their turn caused the cataract. Therefore, the cause does not reside in rachitis itself, but in the frequent, severe, and long-continued convulsions to which its subjects are liable. Moreover the cause does not pertain alone to the general convulsions, but to the disturbance of the lens brought about by the severe ciliary muscle cramp which is said to be present in all universal convulsive affections. Such a result can obtain, however, only in the earlier years of life, while the process of development in the lens is still an active one.

(c) *Constitutional Syphilis*.—This disease, like other affections which are prone to attack the uveal tract, is not infrequently followed by secondary cataract as the result of disturbances in the nutritive processes of the eye. Some authors, however, have described so-called true syphilitic cataract, dividing these cases into two classes: 1. Capsular cataracts which are associated with iritis, etc.; 2. Lenticular or true cataracts, which are rare, and directly due to syphilis. They are soft and appear in the second period of this disease, presumably without the intervention of inflammatory processes in the ocular coats.

(d) *Diabetes*.—The usual answer to the question "What is the most frequent ocular lesion in diabetes," is "cataract." We have in evidence the occasional spontaneous disappearance of diabetic cataract, in some instances corresponding with a diminution of the amount of sugar in the urine.

Touching the pathology of this affection, and throwing some light upon the relationship between the disorders Deutchmann¹ examined four cases of diabetic cataract, finding proliferation of the layer of pigment cells on the posterior surface of the iris, a condition which had previously been described by Becker. In the lens were vesicular cells (blaenzellen) and all the changes from normal nuclei to complete nuclear disintegration. Deutschmann concludes that the opacity in the lens is due to a necrotic tendency of the epi-

¹ Western Med. and Phys. Journ., Cincinnati, 1827-28, 1, 428-431.

² "De la Goutte oculaire," Rec. d' Ophth., 1885.

³ "Cataractes et Lésions dentaires des Rachitiques," Abstract, Jahresbericht f. Ophthalmologie, 1879, vol. x. p. 341.

¹ Graefe's Archiv. xxxiii, Abth. 2, p. 229.

thelial structures, just as the same tendency is shown by all epithelial tissues in this disease. Referring to these researches, and others like them, Knies points out that in certain cases the iris is more or less changed—sometimes atrophic, sometimes slightly inflamed—in other words, uveal tract inflammations may be present in diabetes. The development of cataract, then, belongs not so much to the presence of sugar, but is an intoxication symptom—a species of auto-infection.

III. Local Diseases. (*a*) *Diseases of the Heart and Atheroma of the Vessels.*—One of the earliest communications on this subject is a report, by Furneaux Jordan on the relation of cataract to heart disease. Nineteen cases are reported: 2 under twenty years of age, 7 between forty and fifty, 5 between sixty and seventy, and 5 past the seventieth year. These patients suffered from various forms of organic cardiac lesion and had cataract.

A more modern view of a somewhat analogous relationship is the theory of Michel, that circulatory disturbances, and particularly atheroma of the carotid, may be responsible for the formation of cataract. Michel came to the conclusion that opacity in the lens substance was a symptom of a local or general disturbance, and that so-called senile cataract depended upon sclerotic changes in the walls of the carotid.

Other observations on the same subject have been brought forward.

(*b*) *Nephritis.*—Naturally, the various types of so called Bright's disease, and the widespread lesions which they may produce throughout the body, have been brought into connection with the formation of cataract.

While it is of the utmost importance, both in determining the prognosis of the affection and also that of operative interference, to examine the urine of every cataract patient, and while albumin and sometimes tube casts may be found, no causal relation has been positively established between nephritis and cataract.

(*c*) *Nervous Diseases.*—We have already determined that zonular cataract, which has been found in association with

rachitis, is more likely due to convulsions, or to local cramp in the ciliary muscle, than to the disease itself. In like manner, those examples which have been found in connection with other complaints, more particularly belonging to lesions of the nervous system, for example, epilepsy, are explainable by the presence of convulsive disturbances.

Meningitis has been made responsible for the formation of cataract in young individuals.

(*d*) *Diseases of the Skin.*—Mooren, quoted by Norris, asserts that chronic skin eruptions may favor the development of cataract by causing creeping inflammatory processes within the eye, and Forster believes that it is not impossible that chronic skin affections may favor to the development of a depraved nutrition, which in its turn produces cataract by alterations in the nutrition of the lens.

IV. Toxæmias.—Although, perhaps, not belonging strictly to the list which I have discussed, it would seem proper to refer to one or two forms of cataract which have developed, if not under the influence of, at least in association with, the action of certain drugs. Foremost among these are the observations which relate to the development of opacity of the crystalline lens in connection with ergotism, or, as is often called, the formation of raphanic cataract.

Numerous papers have appeared upon this subject, to which reference is unnecessary, except to say that, as, for example, in those cases reported by Tep-ljaschin,¹ 27 in number, occurring during an epidemic of ergotism, and for the most part under thirty years of age, the development of the cataract was ascribed rather to convulsive disorder than to any distinct action of the poison itself. Hence it seems proven that the lenticular opacity results from the violent general convulsions, and not directly from the ergot.

Among other toxic agents that are known to cause cataract is naphthalin. Experimentally, cataract has been produced with this drug by feeding it to rabbits, but it should be mentioned that, in addition to the lenticular opacity, there are general disturbances as well as changes in the retina and vitreous.

¹ British and Foreign Medico-Chirurgical Review, 1857, vol. xix. p. 484.

¹ St. Petersburg, med. Wochenschr., 1880, No. 3.

Other drugs and toxic agents have in a vague way been suggested as a possible cause of opacities in the crystalline lens, but it is likely that these relationships have existed in the minds of the patients rather than in reality, and before they can be accepted, direct experimentation, especially upon the lower animals, will be required.

The evident influence of eye-strain and asthenopia in its widest sense, together with the changes which this produces in the ocular coats, particularly the choroid, referred to by Galezowski, insisted upon by Schoen and more recently elaborated by Risley, on the formation of cataract is well established. Possibly constitutional diseases permit this influence to be more strongly felt, and thus indirectly aid in the development of lenticular opacities, or, perhaps, a more direct influence can be established. Be this as it may, further critical evidence is needed.

CATARACT.

THE ancients knew the operation for cataract, which they performed by depressing the opaque lens into the vitreous by means of a needle. Nevertheless, they had an erroneous conception of the nature of the disease, in that they located the opacity not in but in front of the lens. This latter body, bright as crystal, the most obvious thing when the eyeball is opened, was considered by the ancients to be the true seat of vision, the percipient organ, such as now we know retina to be. According to this view the loss of the lens would necessarily entail complete blindness; but since the ancients knew that in the operation for cataract the opacity is removed from the pupil, and nevertheless the sight is not lost, but on the contrary, is restored, they could not consistently regard the opacity as located in the lens. They thought the opacity which they depressed into the vitreous was situated in front of the lens. They believed that it originated from the pouring out of an opaque liquid between the iris and lens. * * * Since it was imagined that the opaque liquid fell down from above in front of the lens, the name *cataracta* (cataract), which still is usually employed, came into use in the middle ages.

—Fuchs.

Lecture.

THE PHILOSOPHY OF MAN.*

By JAMES E. GARRETSON, M.D., D.D.S.

(Continued from last number.)

HAVING gained the understanding that neither Common sense nor Educated sense are of relation with aught save what is objectively phenomenal, a question of largest pertinence is as to means of knowing apart from these senses. Are there things to know with which these means are incapable of dealing save inductively? With an Existence called God for example, or with things which are to show themselves as the spiritual world, these things being one with imaginations and dreams and visions. On the contrary are imaginations and dreams and visions what the common idea of the day accepts them as being, namely, non-existences. Is God knowable after any other manner than by induction? Imaginations and the things of dreams and visions accepted as non-existences is a spiritual world denied by the common idea? or, is the spiritual world a something else than what philosophy knows as 'the Subjective'?

We are to find with man means of apprehending what is not objectively phenomenal, otherwise we are to limit his world to Matter. Here opens of itself the subject of hypostases.

Human hypostases are one with man's means of relation with his circle, in other words one with means to ends; to walk requires legs, to respire compels lungs, to think demands a brain. By hypostases is meant the components of a thing. What are the hypostases of a man? Consider at this point the uselessness of a thing that is without office. Do any of us know of the existence of such a thing? Is it then to be supposed that things found with man are exceptional to this universal law, or rather, is not the universality of the law one with conviction that all found with him are means of direction and evidences of purposes?

No Common sense man lives who de-

*Lecture before the Garretsonian Society, delivered at the Medico Chirurgical College, Nov. 28, 1893.

nies the reality of his body. He declares to seeing what he sees, of hearing what he hears, and of tasting what he tastes. It is nothing against this conviction that an Educated sense man knows that sight, hearing and taste are in percipient, that variety as to sounds is one with tympanic vibration, and that sourness or sapidity as to taste one with a gustatory nerve, in other words, eyes, tympanum, and nerve being away he who declares as to sight, hearing and taste would be without personal consciousness as to the existence of things of which he declares.

Here an aphorism that covers the ground we have gone over; a ground enveloped by the consciousness that nothing is what it seems to be.

A thing is to a sense that uses it what to the sense it seems to be.

Now to Common sense and Educated sense, the two being one as to general likeness and significance, there are fastenings called nails that hold things together when joined by them, albeit a nail resolved after one manner proves to be a piece of iron, and, before that, a nugget of ore, and, still before that, a block of rock. Resolved after another manner it is found, through exposure, resolved into red dust, which dust is the ferri oxide of the chemist, the ferruginous tonic of the apothecary, the hematin of the physiologist. Looked at closer still a nail is found to be matter, and what matter is nobody knows. So it is a truth that he who does not know what matter is does not know what a nail is. This, however, only as to noumenon; phenomenally he knows, or can know all about a nail and its uses; these, whether he handle rock, nugget, iron red dust, oxide of iron, or ferruginous tonic. Each phenomenon will be to a man exactly what the man is able to find in it. Wholly unable to say what a nail is, *per se*, the man is as wholly able to say what it is as concern and relation are with his circle and its needs; a nail to a carpenter an elixir vitæ to a physician. Are these premises to be denied or disputed, and if neither, goes not the inference that a man's world is exactly what the man is?

Here we are to anticipate. An idea to be conveyed is that it is precisely with the so-called spiritual as with the so-

called natural. An eye that sees no fringed monsters in water, or eels in vinegar, comes to see both as it advances in the line of optical development. The line of optical development is the enlargement of the sense of sight by use of means that make sight clearer. No more can people uncultivated as to the spiritual sense, see spiritual things, than can people, uncultivated as to optics see fringed monsters and vinegar eels. But, are things to be seen that have no existence? We see and use the fruit and shade of trees yet are compelled to admit these as phenomena. We fasten together the things of a house with nails, yet find a nail one with iron to-day and one with blood to-morrow; yet never do we find the nail else than is the appeal to a sense that uses it. Consider in this connection the things called inventions. Is an invention less a real thing that no model has been made? Is it, or is it not the case that idea which precedes model, is the reality, or is it model, which is assuredly simple representation, that is reality? If decision accord the true existence to the former, as approaching nearer the nature of noumenon, can it fail to be felt that unseen and seen are expressions, to say the least of it, of a common existence? Is not reality closer with the unseen than with the seen for does not the seen in the case of an invention require, in order to exist, constant renewal, while the unseen, the unmaterialized idea, remains persistent through the ages.

If it be understood how a man relates through his organic senses with the external world we are prepared to pass to his internal or spiritual world, and from this onward to his knowledge of and relation with God.

By a spiritual world is meant things not seen, heard, tasted, smelled or felt by the senses of organic life, while by knowledge of, and relation with God, is meant knowledge of the infinite independent of books and traditions.

We here go back to our aphorism "*A thing is, to the sense that uses it what to the sense it seems to be*" He who sees spirits sees spirits, and he who communes with God communes with God. If here it be insinuated that the declaration is one with assertions of the equal reality of objects and imaginations no objection is to

be made—save it might be that the higher truth gives preference to imagined things as in the case of inventions.

This is not to be assertion, however, but is to rest with analysis; and here it is that we fairly meet the “Cogito, ergo sum” of Des Cartes.

Rene Des Cartes would have no books or traditions. He would believe through knowing or not believe at all. His words were “True philosophy may, and must, for the proving of things which may alone satisfy the intelligent mind, start in a premise which, accepts nothing but what is self-proving; that alone which is self-proving is consciousness of existence. I may doubt the existence of God for the idea of God may be a superstition. I may doubt, he says, the existence of the eternal world, for this may be a phantasm. But in the act of doubting it is impossible for me to doubt that I, who am thinking, am something.”

Here we face a hypostasis, or the hypostases.

What does analysis show man to be? First, as to what thinks.

Here upon this plate is a human brain, and here, upon the table by the side of the plate, is a flute. Will the flute play music for us, or will the brain discourse ideas? We have before hinted at this. Are player and discourser, not this flute or brain, or are player and discourser away from the things upon the table? Something is away. What is away when a telegraphic message remains unwired? Is it difficult to distinguish as being two, wire and operator? Is it difficult to distinguish as two, a book and its writer? I direct the attention of the class to the cadavers in the dissecting room. Are these one with the dissectors? or is it the case that something has gone out of the former that still relates with the latter? Here is the Ego of Cartesianism, *but here is not the soul.*

We are now to analyze man, and such analysis is to show him a necessarily dual and a possible tripartite being. The possible third thing is soul, which a man can live without. It is to be said of the brain before us that an Ego has gone out of it, but, with out having known its possessor, no one can say yea or nay as to its having been occupied by a soul.

(To be continued in next number.)

Note.

PHILADELPHIA ACADEMY OF SURGERY.

THE SAMUEL D. GROSS PRIZE.

The Quinquennial Prize of One Thousand Dollars under the will of the late Samuel D. Gross, M.D., will be awarded January 1, 1895.

The conditions annexed by the testator are that the prize “Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens.”

It is expressly stipulated that the successful competitor, who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut St., Philadelphia, before January 1, 1895.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

PHYSICIAN (with ear to patient's chest): “There is a curious swelling over the region of the heart, sir, which must be reduced at once.”

PATIENT (anxiously): “That swelling is my pocket-book, doctor. Please don't reduce it too much.”—*Our Dumb Animals.*

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PHILADELPHIA, DECEMBER 9, 1893.

GOLD IN THERAPY.

WHILE gold is a drug that is as ancient as mercury, it has been comparatively recently that it has been brought to the particular notice of the profession as anything worthy of much consideration in therapeutics; Indeed, of late, it has only been associated in the minds of most of the profession as indicative of some quack patent medicine, and hence of no especial value *per se*.

Dr. A. E. Wood of Pittsburg in an excellent article on the subject, published in the *Journal of the American Medical Association*, indicates the use of the com-

bination of gold in the liquor aurii et arseni bromidi and in the liquor aurii et mercurici bromidi, the dose of each which is ten drops, representing one thirty second of a grain of gold. The therapeutic uses of these combinations of gold seem to lie in the value they exhibit as a cure for all forms of sclerosis (meaning by the term induration of any tissue or organ.)

Thus cirrhosis of the liver, interstitial nephritis, atheroma, calcareous degeneration of arteries, the circumscribed induration following embolism or blood-clot in brain tissues, senility and its train of decrepitudes, cirrhosis of lung, fibroid consumption—miliary tuberculosis, adenitis and many other similar degenerations all come under the therapy of gold especially in this sort of combination which excels the preparation of chlorid of gold and sodium.

The result of these preparations are far superior to that obtained by similar preparations, but leaving out the gold, showing that there is real value in the gold itself over and above the arsenic or mercury and bromide.

F. S. P.

SYMPHYSEOTOMY IN 'CONTRACTED PELVIS, AND PORROS' OPERATION FOR RUPTURE OF THE UTERUS DURING LABOR.

SYMPHYSEOTOMY says M. Eutache (*Archives de Obstetriques* No 7, '93.) is to-day regarded as an operation which legitimately belongs to the domain of obstetric surgery. However, it should not supplant premature accouchment for extremely contracted pelvis. During labor it must be performed when the antero posterior diameters, are less than six centimeters. But, when those diameters are more than eight centimeters we should in most cases be able to deliver with the forceps or by version. Bossi advises prompt abdominal section and Porro's operation in any case of rupture of the uterus during labor. He cites a

successful case in his own practice, and argues that in the hands of any cool operator that it adds no additional risk to life and may be readily performed. (It is well that in our time we have witnessed the uncompromising condemnation of a former practice of deliberate infantile destruction in cases of contracted pelvis, and that now without any additional danger to the mother the infant's life is spared. By Porro's operation too, the only chance is given to the child, with no additional risk to the mother.)

CURATIVE INFLUENCE OF ERYSIPELAS IN GONORRHOEA.

MR A. SCHMIDT in the *Centralblatt für Chirurgie*, No. 39, p. 401, contributes an interesting report of a case of gonorrhoea in a three year old girl. He says that intercurrent erysipelas has for centuries been known to exercise a curative action on benign and malignant tumors, diseases of the skin and typhoid.

This observation was made on a healthy child who had the *flueurs blanches*. On inquiry it was found that the little one had been isolated and that she had been infested with blenorragia. The day following that, on which remedies had been applied erysipelas developed. It quickly spread into the vulva and checked the discharge. The child now suffered no more from pain in micturition. Six days after this second disease set in an abscess formed on the leg, which gave issue to discharge rich in the streptococci. She made a good recovery. (It is most extraordinary that any sane mortal could degrade himself to attempt cohabitation with so young a child. But purulent discharge is not uncommon in young children. If we find the gonococcus does that prove infection by contact? Certainly not, for we may see a bad clap with no cocci and *vice versa*.) T. H. M.

ON THE TREATMENT OF ERYSIPELAS.

DR. KOLAZEK, in the *Revue Générale de Chirurgie*, 18 Oct. 1893, gives his experience in a large number of cases of erysipelas, which he has treated with

remarkable results, with phenic-acid. As erysipelas is always a disease attended with danger to life under certain conditions, we give to our readers, the doctor's method.

In the incipient stage of the disease he applies a piece of thick porous paper about the size of the hand, which is first imbued and saturated with a five per cent solution of carbolic acid. Over this, to prevent rapid evaporation, is laid a piece of rubber gauze or oiled silk, which confines the volatile medicament, and at the same time excluding the air. This dressing is extended every twenty-four hours, the area of dressings increased or diminished according to circumstances.

In erysipelas of the trunk or face, it is not so efficacious as on the extremities. The principle of the treatment for local erysipelas is, that it totally confines the perspiration over the invaded territory. In this manner the gaseous toxic products of the disease are prevented from becoming diffused, and those retained will have no deleterious effects on the erysipelas.

(This method certainly has much to commend it in surgical cases, where, it may be difficult to isolate the infected patient.—TRANSLATED BY T. H. M.)

Annotations.

MEDICAL FINANCES.

WHY are medical men so poor as a class? Why do they accumulate so many bad accounts? Why is their business so largely a credit business? Why do they pay their bills so slowly themselves? These are all questions that naturally present themselves in connection with medical finances and that can be answered in general with a very few words, viz.: Because doctors are poor business men, and the profession is over crowded, necessitating an immense strife for work. This is the gist of the matter boiled down to a few words. An important fact is that medical students are, as a rule, young, and have but rarely been engaged in a business career of any nature whatsoever before commencing the study of medicine, and consequently have not even a rudimentary knowledge

of business. I know that as for myself, before I commenced practicing medicine I had never written a check or made out a note, although I have struggled under many of the latter since. I did not know how to keep books, and knew nothing whatever about equities, mortgages, or business affairs of any kind. I was a complete nonentity in such matters, and this lack of preliminary business training has always been a material hindrance to me in prosecuting my profession to advantage, and has often been of considerable loss to me financially.

Another source of difficulty in this matter is the character of young people who are allowed to study medicine. A man who proposes to enter upon this serious life work should be a man who has gone through with a good preliminary mental training. And yet it is a notorious fact that such is not the case.

No, brothers in practice, the foundation is wrong, and who can wonder at a deficient superstructure.

These are some of the initial reasons why medical men are not successful business men :

First. They are usually of a studious rather than a business turn of mind.

Second. They have had no business training before entering upon their medical studies.

Third. Their preliminary training has often been deficient.

A physician should do as nearly as possible a strictly cash business. This is easier to do than one would imagine who has always abided by the credit system. No business is more dignified than ours, and none should be paid more promptly, and yet a groveling servility about money matters has characterized our profession for years that has permitted an inborn feeling on the part of the laity that a doctor is afraid to present his bill, and that at any rate it will not be presented till long after the services are rendered and that then it can be paid when he sees fit, and repudiated entirely if deemed expedient.

I appeal to you is this not so, and are we not to blame for it ourselves? This same feeling would grow up in our minds if we saw another business carried on in the same shiftless manner as the profession we represent. Suppose for instance,

that a stranger should walk into a dry goods store, select ten yards of silk, and quietly tuck it away under his arm and attempt to walk out of the store without paying for it. What would you call such an action? Stealing! That is right, and many of our patients do this. What would you call the merchant who would composedly see this done and say nothing? A fool! That is right. That is what *we* are oftentimes.

Bills should be presented regularly whether the patient is under treatment or not. Do not you get your bills regularly whether you are still trading at a store or not? Of course you do. Then why not present yours on the same principle? I would not advise you to go into a bed-room where your patient lies dying, when this melancholy event is transpiring on the first of the month, and tell him to pay your bill before he dies. But there can be no objection to presenting a bill from month to month while the patient is under treatment, especially if he is suffering from a chronic disease. A physician's own inherent sense of delicacy and refinement will dictate to him what to do in acute sickness, but he should not allow a false sense of sentimentality to stand in the way of looking out for his own reasonable security.

A doctor will trust people longer and more foolishly than any man on earth. He will go on trusting people for years, until they leave him on account of hating him because they have owed him so much and so long. Then they will go to another physician and pay him, with little or no hesitancy. The trouble is with you, my brother. If you find a man who does not show a disposition to treat you squarely, drop him. By so doing you will perhaps induce him to pay you, or your neighbor physician, and you will certainly inspire in his mind a profound respect for yourself, and the medical profession in general.

I would respect a man who, being rich, should see fit to adopt the medical profession as a means of bestowing charitable medical services upon the suffering poor, but I would regard a man as foolish who would run his business in a loose and shiftless manner, and allow himself to be beaten from pillar to post by every worthless imposter that crossed his pathway.

Many a physician does a good business that, properly managed, would render him free from need, and yet he may be in real distress for want of money, while he endeavors to minister to the wants of a patient who could pay him if he would, but who will not make the effort.

You owe it to yourselves, to your patients, to the profession to start out from this very hour and arrange your business so that it will render you an adequate return for the work you put into it. By so doing you will dignify yourselves and the profession, and bestow a real service upon mankind in general, and yourselves in particular.—*Extracts from Dr. Frank Allport's article in Northwestern Lancet.*

BURNS OF THE EYES.

DR. D. S. REYNOLDS in a paper before the Kentucky State Medical Society, 1892, states that where burns are so extensive as to make it impossible to prevent adhesions between the lid and ball, these may be greatly modified by leaving the eye open, and daily separating the opposed abraded structures with a probe anointed with a little yellow oxide of mercury ointment.

No injury to the eye, in the nature of a burn, should be treated by a bandage and compress; yet this plan is recommended by Nettleship, Juler, Carter, Meyer, McNamara, and he believes, nearly every writer on Ophthalmic Surgery.

TREATMENT OF FIBROMATOUS TUMORS BY ELECTRICITY.

Par MM. Labadie et Reynier (Archives Générales de Médecine.

Electricity, they say, is an invaluable agent in those fibromatous tumors of the uterus, which are announced by metrorrhagias, and in which the adnexa are free from cystic or suppurative changes. They maintain that in all cases free from these complicating factors, before castration is undertaken, or any other operation, electricity should be faithfully employed.

If the patient have pelvic neurasthenia we would give the preference to faradisation because of its sedative properties.

No one can question the great value of electricity in all those cases in which we are assured that there are no malignant elements present, and there are no urgent symptoms, as uncomplicated myoma of the uterus is seldom or never *per se* fatal to life and may often after the menopause undergo retrogressive changes and disappear.

T. H. M.

Book Notes.

NEW TRUTHS IN OPHTHALMOLOGY. By G. C. Savage, M. D., Nashville, Tenn.

In the first chapter of this book, Professor Savage proves that the oblique muscles cause images to fall upon corresponding portions of the retinae, in oblique astigmatism. The ciliary muscles cannot do this, for patients do not see double images in such cases when these muscles are paralyzed; while by means of certain artifices that interfere with the action of the oblique muscles, it can be shown by objective tests, that images do fall upon different parts of the retinae, according to known optical principles.

The second chapter is devoted to exercising the oblique muscles by means of cylinders placed in certain positions before the eyes.

The fifth chapter sets forth the "Law of Projection." He claims to have discovered the principles elucidated in these three chapters. This is undoubtedly true, and the principles thus unfolded are of the greatest importance.

He claims success in relieving heterophoria by rhythmic exercising of the muscles, when the defect does not exceed 6. He explains what has been called the Horopter, but which he calls the Monoscopter. He devotes a chapter to the relationship between accommodation and convergence, tells how to draw the line between operative cases and those that may be cured by exercising, and gives a chapter to the use of mydriatics, which he strongly advocates in the examination of all young patients.

He also describes five operations, or modifications of operations, which show much ingenuity and careful observation. Not a sentence is wasted in the book. Its typography is excellent. All ocu-

lists should possess it ; and many will read it through at one sitting, as did the writer of this article. It is certainly a most valuable contribution to our knowledge of the actions and defects of the ocular muscles.

J. A. T.

A MANUAL OF PHYSICAL DIAGNOSIS FOR STUDENTS AND PHYSICIANS. By James Tyson, M. D., Second Edition. Published by P. Blakiston, Son & Co., Philadelphia. Price, \$1.50.

The second edition of this concise and admirable manual is revised and enlarged in such manner as to cover now fully the subject of physical diagnosis. The work abounds in useful illustrations to elucidate the text.

An "appendix" has been inserted, which, although it does not directly bear upon physical diagnosis, is most useful to the physician and student inasmuch as it dwells upon the examination of blood—the more important bacilli associated with infectious diseases, chemical examinations required for diagnosis of gastric diseases and directions for conducting an autopsy. The work is well worth the price asked.

THE IDEAL PHYSICIAN'S VISITING LIST. Published by P. Blakiston, Son & Co., Philadelphia.

The fact that this visiting list is now in its forty-third year of publication speaks for itself. Besides the blank pages for accounts with patients there is a great deal of valuable concise information on various subjects. A comparative table of metric and English system of weights and measures ; a dose table of official and unofficial drugs, in both systems of weights ; a list of new remedies ; poisons and antidotes ; disinfectants, etc., etc. The whole makes a little volume easily carried in the pocket.

Books and Pamphlets Received :

REPORT OF THE BOARD OF MANAGERS OF THE PENNSYLVANIA HOSPITAL.

PREVALENT ERRORS IN THE TREATMENT OF THE DISEASES OF WOMEN. By G. Betton Massey, M. D., Philadelphia, Pa. Reprinted from the *Therapeutic Gazette*.

THE RELATION OF THE PATELLAR TENDON-REFLEX TO SOME OF THE OCULAR REFLEXES FOUND IN GENERAL PARALYSIS OF THE INSANE. By Charles A. Oliver, A. M., M. D. Philadelphia, Pa. Reprinted from *The Medical News*.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

ABSCESS OF LUNG.

MR. T., aet 44, farmer, an inveterate smoker, has exposed himself to all kinds of weather. His present illness began similar to an attack of pneumonia. Had chill followed by rise of temperature, ranging from 102° to 104°; some pain at apex of right lung ; expectorating thin frothy mucus. The third day of his illness his temperature became normal, appetite returned, all symptoms seemed favorable. He remained in this condition thirty-six hours. He awoke the fifth morning of his illness coughing and strangling ; he commenced to expectorate large quantities of a thin yellowish pus, which had the scent and appearance of a decayed egg. The sputa has since changed, is thicker and does not smell so much. His cough is now spasmodic. He says the sputa burns and irritates throat and mouth. At present patient is hopeful, has good appetite, bowels regular. There is a slight dullness just below right nipple of the right lung, space about two inches square, white at apex. I think there is a cavity about size of hen's egg. His temperature is normal ; circulation, 75 ; full open pulse ; fourth week of sickness.

[Undoubtedly abscess of lung tissue ; whether caused by embolism or inflammatory condition would be an open question. The primary chills and fever may be the commencement of suppurative process. Look for heart lesions ; if not found ascertain if there be tubercular process by microscopic examination of sputa. Treat with salicylates and plenty of good nutrition and tonics.

—ED. T & R.]

ENDOMETRITIS.

MRS. W., has been married seven years, no children. A few months after marriage commenced to suffer with dysmenorrhea. Her general health is fair, good appetite all the time. Menses come on every twenty-one to twenty-four days and lasts about one and a half to two days. The first day she suffers so much that she has to have an opiate. She occasionally suffers with leucorrhea. Have used innumerable remedies, but with very little benefit. The case puzzles me. There is no malposition of womb or any wrong there that is sufficient to cause such trouble.

WATER VALLEY, KY.

[This is probably a result of endometritis, possibly of gonorrheal origin. Inject a solution of euphorphen and aristol in vaseline oil. If os is too narrow dilate under an anesthetic—ED. T. & R.]

THROUGH the TIMES AND REGISTER I have become almost acquainted with you. I notice that you have a sanatorium for nervous diseases. I now desire to consult you about my wife who has been confined two weeks ago tonight. For months previous to confinement she had an awful dread or horror of confinement and could not sleep. I gave her sulfonal, coloralamid and hyoscyamus, and managed her well up to confinement and pushed nutrition regularly.

Now the great trouble is she cannot sleep and is very nervous and anemic. Her mind is so bent on the sleep question that nothing will persuade her that sleep can ever return without hypnotics. I have been diminishing the dose and passing off a placebo for the medicine, but it was no use. Neurasthenia or want of nerve force is troubling her, associated with anemia and some pain in the top of the head, which I suspected as clavus. I have used sodii bromidi nux vomica, quinine, iron, strychnine—what would you advise me to do toward procuring sleep. Would bathing at night and galvanism be any use to arouse the nerve force? And do you think sulfonal is harmless or does it tend to increase sleeplessness and along with it anemia, etc.? The sulfonal I noticed gave the urine a peculiar reddish brown color. What she needs most now is building up and strengthening of her

nervous system and blood and natural refreshing sleep. I shall be greatly obliged if you will give me some definite advice or suggestions in her case, as I have for the last six months been greatly worried about her.

R. M.

STANLEY BRIDGE, P. E. I.

[Good nutrition, strong nerve tonics, such as Wampole's or Fellow's, bathing at night with warm water followed by rubbing with a friction towel. Do not use hypnotics to any great extent. Restore strength; plenty of open air exercise.

ED. T. & R.]

I HAVE a case of epilepsy in a man 39 years old, that dates from an attack of scarlatina when he was but two years of age. Does not have an aura; spasms come on weekly, aggravated by smoking, but does not see any ill effects from chewing. What would you suggest as dosimetric treatment? I see nothing in your "Manual" to meet the case. If dosimetry is of any value I want to make a good stroke in this case. Am inclined to use valerianate of strychnia. But shall be pleased to have your advice.

LUTHER KEMPTNER,

UNIONTOWN, MD.

[Bromides of gold, nickel, arsenic and iron may be used successively in connection with full doses of Bromide of potassium. When the successful point has been reached the doses may be reduced. The inquirer is referred to Dr. Waugh's "Manual of Dosimetric Practice" for further light on the treatment of epilepsy.—ED. T. & R.]

REFERRING to your notice of last issue I inclose \$1.00 availing myself of your offer of REGISTER to January 1895. Please publish the cost of brucine granules 1-36 to 1-12, also glycozone, etc. I think it would be well to publish the Dosimetric medicines in TIMES AND REGISTER giving prices, etc., to keep us refreshed.

R. MAC NEILL, M. D.

STANLEY BRIDGE, P. E. ISLAND.

[Brucine granules are quoted by the Philadelphia Granule Co., at 35 cents per 100; \$1.50 per 500; and \$2.50 per 1000, for gr. 1-30; and special sizes at rates as agreed according to formula. Glycozone is made by Marchand. We cannot give prices, as different makers vary, and the journal does not favor any single firm. But it would be a good thing for their advertisements, as many would prefer solid information as to prices, rather than testimonials.—W. F. W.]

WILL you please describe the best way of giving and the indications for giving the cold pack.

What is the significance of pain at the lower end of the sternum so often complained of by people who otherwise seem to be in good health? a reply through the TIMES AND REGISTER will greatly oblige

D. J. TILLOTSON, M.D.

[Cold is an application which may be used to reduce any fever that has reached 103° F or over. It is generally applied in typhoid fever and pneumonias. The usual method of procedure, however, is by the cold bath. Water gradually cooled down from 90° F. to 60° F. while the patient is submerged. Occasionally the wet sheet is employed, in which a patient is wrapped with a blanket placed about him and the sheet. Heat may also be abstracted by means of bottles filled with ice cold water placed about the patient. Probably the most acceptable method of applying cold for high fevers is the wet sheet as described above.

Pain at the lower end of the sternum is a vague symptom and may accompany a number of disorders.

1st. Gastralgia, acute or chronic or neuralgia may be indicated by pain in the region above mentioned.

2d. Mediastinal tumors, cancer of stomach, gastric ulcer, chronic dyspepsia and such diseases may cause pain in that region.

3d. Occasionally diseases of the heart may have pain referred to the sternal region.—ED. T. & R.]

I HAVE a patient, a nephew, who is in a very bad condition from rheumatism. If you can give me any help or advise any treatment that will give him relief I will feel under many obligations to you. Patient is about 50 years of age, a farmer, weight about 150 to 160 lbs. General health previously good, never had any serious illness; of good healthy parentage. He has had slight attacks of rheumatism in his knees, fingers and wrists, but never has taken treatment for it. Has been gaining all the while. Last April his attack was more violent, during which he was treated by two physicians, and growing worse. He has been bed-ridden since last August; cannot walk or help himself any. I was called to see him the first of October last; his knees, wrist, and fingers were swollen and very painful; his general health bad; appetite poor, bowels constipated; urination difficult. These conditions improved under my treatment, and the secretions are all acting well; has better use of his limbs but he is still bed-

ridden, and suffers pain and soreness more or less every three or four days, then seems better for the same length of time.

I have tried the usual remedies, salicylic acid, iodide of potassium, cimicifuga, gelsemium, guaiacum, nitrate of potassinn, sulphur, have given steam baths every night, well rubbed twice a day with stimulating liniment, and diseased parts well wrapped with flannels.

I have been practising medicine for forty years in the rural districts of Lincoln County, N. C., and have never had a case of rheumatism but I managed to get up until this one.

DR. W. A. THOMPSON,

Hall's Cross Roads, Lincoln Co., N. C.

[It looks as if the doctor had more than rheumatism to deal with in this case. Suppose, doctor, you examine the heart for valvular lesions so common in rheumatism; also determine very carefully whether the swellings of the joints be inflammatory in nature or effusions. Use iodide of strontium inunctions in hot lard twice a day. Place him on tonics, good diet and if not successful get him into a different locality where the atmosphere is high and dry.—ED. T. & R.]

THE CARE OF THE EYES.

To the student and teacher, the eyes are so important that they should receive the greatest care, and yet, although the eyes are almost always good before children attend school, we find that a larger and larger per cent. of pupils have imperfect eyes (as we advance from the kindergarten to the high school,) until, it is said, that among educated Germans no less than 67 per cent. have imperfect or defective eyesight. *It is certain that these imperfections in great measure, develop during the years of school life.* If this is so, how are these imperfections caused?

1. By using the eyes too constantly at a short distance, as in reading and writing. Indian boys in the woods never become nearsighted; but thousands of school children do every year.

2. By using the eyes too constantly and too long at a time.

3. By using them when weak from sickness. After the diseases of childhood, as measles, scarlet fever, whooping cough, etc.

4. By using the eyes in *insufficient light*. Very many of our school rooms

are poorly lighted. Children cannot see in them on dark days. Rooms are made still darker by the use of curtains and blinds which are often partly closed or drawn and are placed at the top instead of at the bottom of the windows. Windows are very often too small. They are often filled with flowers. If children study in the evening it is too often with a poor light.

5. The print of school books is often too small and indistinct. The use of maps with many names upon them is especially trying to children and injurious to the eyes.

6. Blindness is now known to be due in the very many cases (setting aside accidents) to an inflammation of the eye in early infancy.

RULES FOR THE CARE OF THE EYES.

1. Always have an abundance of good, steady light for any work which you may have on hand. Do not work in a poor light.

2. Avoid a glaring light. Do not allow the direct sunlight to fall directly upon a book you are reading, or upon any work you are doing.

3. Let the light come from one side, behind or above, but not from in front.

4. Never read or use the eyes closely during twilight. Put up your book when the sun goes down. Do not sew on black goods at night. Do not work with the microscope at night.

5. Never use a flickering light when reading or writing.

6. Avoid suddenly passing from the shade into a bright and glaring light.

7. When using artificial light, if the eyes are weak, it is always beneficial to wear a shade *over* the eyes, which will cut off all direct light from them; the desk or table should be covered with a light blue paper or cloth. Colored shades on lamps are better than those of pure white.

8. Use a lamp with a good, large burner, the best oil, and try to obtain as white light as possible. A good lamp is worth all it costs.

9. Hold the head erect; and at such a distance from the lamp that it will not be heated by it. When the head and eyes are hot, bathe with pure cold water. Do not bend over your work.

10. Whenever the eyes pain on using or are fatigued, or the images are blurred, stop using them. Look up and away from the work frequently, and in bad cases study only by daylight, or not at all for a week or more.

11. Do not confine the eyes to work too closely. Hold the book at least 12 inches from the eyes; this will prevent growing nearsightedness.

12. Avoid books poorly printed, with small type, and on poor paper. Use black ink, never that which is pale. Keep the slate clean.

13. Avoid using the eyes for reading when riding in the cars, in a carriage, or when walking, etc.

14. Never read when lying down.

15. Do not read much during convalescence from any debilitating disease.

16. As a rule, do not read or study on an empty stomach. Drink a glass of milk, or eat a cracker before beginning the day's work. Do not use the eyes when sleepy. Do not try to study when the head aches.

17. Keep all patented eye-washes out of the eyes, and avoid all quack eye-doctors. The eye is too precious an organ to be trifled with.

18. Keep all soap out of the eyes; be especially careful of children in this respect.

19. When the eyes are inflamed, sleep much and thus restore them.

20. In all cases of weak-sight, near-sight and far-sight, squinting or cross-eye have the eyes carefully examined by a competent oculist, and follow his advice implicitly. An ordinary jeweler or travelling spectacle vendor is not the person of whom we should buy glasses for our eyes. When glasses are prescribed, procure and wear them. It is the height of folly not to wear glasses when they are needed.

21. *Avoid colored glasses and goggles, unless prescribed by a physician competent to judge of your condition.*

22. Have all diseases of the eye treated early and skillfully, and remember that the well eye sympathizes with the diseased one, and you may lose both unless early attention is given the matter. Diseases of the eyes in which a large amount of matter forms are often very contagious, and patients so affected should be care-

ful to get no matter from the diseased eye into the well one, and persons so afflicted should have a separate basin and towels for washing purposes.

23. Arrange your bed so that the morning light will not fall into the eyes. This is often trying and injurious to them. Sleep in a darkened room, and never keep a lamp burning while you sleep.

Foreign Particles in the Eye.—Never needlessly expose the eyes to foreign particles, but when necessary, wear plain glasses or goggles. When experimenting with chemicals, always turn the mouth of the tube or bottle away from the face and eyes. Whenever an eye is injured severely, place the patient immediately in a dark room, and under the care of a skilled physician, whose directions must be implicitly followed. The foreign bodies may be solids, as sand, cinders, hair, dirt, etc., lime, acids, or alkalies. Don't rub the eyes, avoid sudden glares of light; never look directly at the sun.

Treatment.—To remove the solid particles from under the lids—From the lower lid, it is sufficient to pull the lid away from the eye, and to wipe the body with a piece of moist paper or the corner of a handkerchief; if it is under the upper lid, grasp the lid firmly between the thumb and finger, lift it from the eyeball, and draw it down over the lower lid, and then allow it to slide slowly back to its natural position. The foreign body will be scraped off on the lashes. The operation may be repeated several times. Or, lift the lid from the eyeball, allow the tears to accumulate beneath the lid, and forcibly blow the nose. Or, place in the eye a few grains of flaxseed, which forming a mucilage will probably bring relief. Or, place across the upper lid the point of a pencil or bodkin, and turn the lid back over it; in this way the foreign particle is brought into distinct view and can be readily wiped away.

2. Lime and Roman cement are very destructive to the eyes if permitted to remain any considerable time. Wash the eyes immediately with water, then with water containing vinegar or lemon juice.

3. For acids in the eye, wash with water containing a little ammonia or baking soda.

4. For alkalies, wash with water containing vinegar or lemon juice.

Wounds of the Eyes.—When an eye has been wounded in any manner, a handkerchief should be placed over it at once, and the person should lie down on his back immediately, and thus remain quietly until examined by the most skilled physician who can be secured. The reason for these directions is this: A wound of the eye may permit the escape of the lenses, and a consequent loss of sight. Following the directions laid down may save the eye and prevent blindness.

Rules of State Board of Health.

The Medical Digest.

MEDICINE.

Treatment of Phlyctenular Ophthalmia.—This very common complaint, and in some cases very obstinate to treatment has proved so amenable in my hands that I feel that I should give the profession the benefit of my experience, although at the same time I claim no originality for the method which I have used; but as I have seen some instances in which other physicians had pronounced the case incurable, and have seen the symptoms vanish so quickly under the proper treatment, I feel that those members of the profession who have never tried this treatment, should try it and thus save a vast amount of annoyance, to say the least.

As it is well known this disease is found most often in scrofulous children. The eye is very deeply injected, the lids are edematous, and in some cases it is almost impossible to open the lids, so great is the swelling. The child seeks to shield the eye from the effect of the light and consequently seeks dark corners or buries its face in its hands, sometimes when the photophobia is very bad the child screams when carried into the light.

When the eye is examined we find one or more ulcers on the margin of the cornea, sometimes there are several, but in my experience there is generally from one to three. Having briefly outlined the symptoms, I will state what, in my

hands, has proved the most effective treatment, but as I said before this treatment is not original with me, and I do not now recall who was the first to use it.

When I first see a patient with the above symptoms I immediately give :

R Hydrarg. oxidi flav gr. ij
Adipis 3 iv
M. et ft. unguent.

Sig: Put a piece of the ointment about half the size of a split pea under the under the upper lid of the affected eye twice a day.

I prefer lard in the above prescription to vaseline, and I think that those who use the two will agree with me. To those physicians who compound their own medicines, I would suggest that they thoroughly pulverize the yellow oxide of mercury, for if there are any small lumps of the medicine incorporated with the lard, it gives unnecessary pain to the inflamed eyes, and besides might prove hurtful.

With the above you may also give constitutional treatment, such as the syrup of the iodide of iron, cod liver oil or whatever may seem expedient, and I think it advisable to give some such treatment to avoid a recurrence of the trouble. If any of my brother "Country doctors" have a case of this trouble on hand and have tried other remedies, they may save sending their patient to the city oculist, and may also increase their reputation as an eye doctor by trying this treatment.

—*Dr. Bowling in St. Louis Clinique.*

THERAPEUTICS.

Tropacocaine in Ophthalmic Practice.

—George Ferdinands, of Aberdeen, after a series of experiments during a period of six months, has arrived at the following conclusions :

1. Tropacocaine is more reliable and deeper in its action than cocaine, and the anesthesia it produces lasts a little longer. Unlike cocaine, it anesthetizes inflamed tissue—at least, more deeply than does that salt. There is complete absence of the haze over the cornea which is so characteristic of cocaine anesthesia. This was specially appreciated when needling. The strength of the solution depends on the requirement. For general use 2 or 3

per cent. is sufficient, and a 5 per cent. solution may be used with safety when anesthesia of the deep-seated parts is required.

2. Solutions of tropacocaine made with distilled water keep well and retain their strength for months. One solution (3-per-cent.) prepared in January last, although now a little cloudy, has not lost its activity. So far, no fungus has been noticed growing in the solutions.

3. With the exception of one case, in which the 10-per-cent. solution was used, tropacocaine gave rise to no disagreeable symptoms. It practically has no mydriatic action; neither is it hemostatic. But it certainly did not give rise to "intense hemorrhage," as was the experience of Seifert (*Internat. klin. Rundschau*, No. 8, 1893).

The author is inclined to think that cocaine will eventually be replaced by tropacocaine when its advantages are fully understood. Even if it were only for its antiseptic properties, the new anesthetic should be given the preference. The price is not prohibitive and increased demand will place it within the reach of all.—*Med. Bulletin.*

CHILDREN'S DISEASES.

A Second Attack of Measles.—At a meeting of the Society of Practical Medicine and Surgery, M. Diamantberger reported the case of a child, two and a half years of age, in whom a second attack of measles occurred after an interval of six months. The recurrent disease was accompanied by a severe broncho-pneumonia and terminated in death. The different etiological details of this case suggested to the speaker an additional prophylactic precaution, viz., that every patient, although he may have had measles, should be removed from contaminated surroundings if he is suffering from any inflammatory condition of the air-passages, as simple or tuberculous bronchitis, broncho-pneumonia, pneumonia, and even from a pharyngeal, laryngeal, or naso-buccal affection.

—*Le Progres Medical.*

Send One Dollar for the TIMES AND REGISTER for one year.

Prescriptions

PILOCARPINE IN DIPHTHERIA.

Hirschfeld claims excellent results from the use of pilocarpine. For a child of six years he prescribes as follows :

R Pilocarpin gr. $\frac{1}{2}$
 Spt. vini gal f $\frac{3}{4}$ iv
 Syr. aurant f $\frac{3}{4}$ i
 Aquæ q. s. ad f $\frac{3}{4}$ iij M

SIG.—One teaspoonful every two hours.

—*Am. Med. Gazette.*

FOR HERPES ZOSTER.

Brocq recommends the following ointment :

R Boric acid 1 part
 Oxide of zinc
 Starch aa 2 parts
 Vaseline 6 parts
 Lanoline 9 parts

The vesicles are carefully opened by means of a needle sterilized in the flame of an alcohol lamp, and are then washed with a boric acid solution containing a small proportion of alcohol. After this they are covered evenly with the above paste, and powdered with starch, and over all is placed a thick layer of wadding. If the pain is very severe, a little chlorohydrate of morphine or cocaine is incorporated with the ointment.

—*N. Y. Med. Record.*

GONORRHEA.

In any stage, try internally :

R Potassii bromidi $\frac{3}{4}$ iv
 Sodii bicarbonatis $\frac{3}{4}$ j
 Tinct. cannabis indicæ f $\frac{3}{4}$ iv
 Spts. eth. nitrosi f $\frac{3}{4}$ iij
 Aquæ ad f $\frac{3}{4}$ vj
 M. ft. sol. Sig. One drachm three times a day.

And as an injection :

R Extract Pinus Canadensis (white) $\frac{3}{4}$ ij
 Tinct. Opii f $\frac{3}{4}$ jss
 Glycerini f $\frac{3}{4}$ jss
 Aquæ Rosæ, ad f $\frac{3}{4}$ vj
 M. Sig. Inject every three hours.

FOR SORE NIPPLES

R Ichthyol Drachm 1
 Lanoline " $1\frac{1}{4}$
 Glycerine " $1\frac{1}{4}$
 Olive oil " 2 $\frac{1}{2}$

M. Sig. Apply. Wash off before nursing.

—*Med. Record*

GASTRIC TROUBLE IN NEURASTHENIC PATIENTS.

R Phosphorate of zinc ii grs.;
 Bromide of zinc xx grs.;
 Bromohydrate of quinine xxx grs.;
 Ext. of nux vomica iii grs.

M. S. Divide into 30 pills. Three daily.

—*Med. Press and Circular.*

Note.

Dr. A. Lagorio, Director of the Chicago Pasteur Institute, gives the results of the preventive inoculations against hydrophobia attained at this Institute since its inauguration, July 2d; 1890 to date, as follows:—302 persons have been treated, classified as follows :

104 bitten by animals recognized and ascertained to be rabid by the experimental proof made in the laboratory ; or by the death of other persons or animals bitten by the same animal.

126 bitten by animals recognized to be rabid by the symptoms of the disease shown during life.

72 bitten by animals strongly suspected to be rabid.

282 persons were bitten by dogs, 7 by horses; 7 by cats; 3 by skunks; 2 by wolves; 1 by a mule.

The persons treated came from the following States: 185 from Illinois; 32 from Iowa; 23 from Indiana; 21 from Kansas; 9 from Ohio; 5 from Missouri; 5 from Arizona; 4 from Minnesota; 4 from Michigan; 4 from Louisiana; 3 from Tennessee; 3 from Kentucky; 2 from Texas; 1 from Wisconsin; 1 from South Dakota.

One death was reported among the patients treated, thus giving a mortality of only 0.33 per cent.

A RECEPTION TO DR. HOLMES.—The College Club of Boston gave a reception to Dr. Oliver Wendell Holmes Saturday afternoon, Nov. 25. About five hundred persons were presented to Dr. Holmes, who received them seated in a laurel-decorated chair in the parlor, under a bower of palms. During the evening Dr. Holmes recited "The Last Leaf," "Dorothea Q," and "The Chambered Nautilus."

The Times and Register.

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Original Articles.

THE RAILWAY HOSPITAL. ITS NECESSITY AND BENEFITS.*

By FRANK H. CALDWELL, M.D.,

SANFORD, FLORIDA.

[Chief Surgeon South Florida R. R., member National Association of Railway Surgeons, American Medical Association, American Public Health Association, President Florida State Medical Association, etc.]

IT is not the intention of the writer to burden this Association with an elaborate paper on the subject of Railway Hospitals; so much has been written in the past two years that it would prove a difficult task for him to add anything of interest to the existing literature. If I succeed in inciting a full, free and impartial discussion, the object of this paper will be attained.

A few years ago, the surgical service of our railroads was regarded as a necessary evil, and was never provided for except in case of accident or injury. An organized surgical department was unknown.

*Read at Annual Meeting of Railway Surgeons of New York, at New York, November 15, 1893.

To day there are over six thousand railway surgeons, and each year increases the number of railroads whose management recognize the importance of some relief system.

There are now four plans of relief in operation:—

“The Relief System.”

“A Surgical Service without a Chief Surgeon.”

“A Surgical Service with a Chief Surgeon.”

“The Hospital System.”

With the first two divisions I have no personal experience. From conversation with members of our National Association, who are connected with railroads that operate these systems, and from the very able and exhaustive paper on the subject read by Surgeon R. Harvey Reed, before the Association of Erie Railway Surgeons, at their second annual meeting, I am convinced that neither plan can possibly be operated to the interests of both employer and employe, which should be mutual, to obtain the best results.

In order that the “necessity for and benefits of the Hospital System” may

be brought out more forcibly by comparison, we will briefly take up and consider the main points in the four divisions.

THE RELIEF SYSTEM.

The Relief System (so-called) derives its revenue from the employes, by the assessment of each employe according to the amount of wages he earns and his position. The lowest assessment is seventy-five cents per month, and the highest, five dollars per month.

What benefit does the employe receive? When disabled by sickness or accident *while in the discharge of duty*, he receives benefits for one month after he ceases to receive wages. After he resumes work, he can draw benefits for one month, or until the first pay-day after he begins to work. How much may he draw? The smallest class receive fifty cents per day for the six working days; the highest class who, for the nature of their work are rarely injured, receive two dollars and fifty cents per day. In case of death while in line of duty, he will receive five hundred dollars, but if not in line of duty, he shall receive two hundred and fifty dollars. There are other associations which pay a benefit for fifty-two weeks, fifty cents for each working day for twenty-six weeks, twenty-five cents per day for each working day for twenty-six weeks, or a total of seventy-eight dollars—it matters not how long he be disabled.

The employe is further entitled to surgical treatment for accidents occurring in line of duty, but in case of sickness or in case of accident not occurring while in line of duty, he must pay his own doctor bills. If he goes to a hospital, the association furnishes the surgical treatment, but the employe must pay his board.

In other words, the smallest contributor, who is the one usually injured, must support himself and family, must pay for his medicines, and pay his doctor bills—out of three dollars per week.

In my opinion, there is only one redeeming feature in this system, and that is, that the association requires those who desire to join it, to pass successfully a physical examination. I believe all railroads should require this of every employe, more especially the train crews, from engineer to flagman.

Dr. Reed, who has given this system much study, will open the discussion on this paper, and no doubt, will enter more fully into the merits of the Relief System.

A SURGICAL SERVICE WITHOUT A CHIEF SURGEON.

A surgical service with a non-professional head. Surgeons are appointed by the Superintendent or General Manager who, no doubt, appoint the very best men that can be obtained, but the question arises, is the Superintendent or General Manager competent to direct or guide a surgeon, after the appointment has been made? If a company wishes to construct a bridge, would they select the car accountant as constructing engineer? Should they then expect a successful, humane, or economical relief service with a non-professional man at its head, to direct its management, receive and consider reports made by its surgeons? "To medical men belong medical things."

Enquire into the amount of damages paid by roads that have adopted this system, and you will find that they are far in excess of damages paid by those roads that have the best surgical service possible.

A SURGICAL SERVICE WITH A CHIEF SURGEON.

A vast improvement over the first and second divisions. The chief surgeon selects his own staff of assistants, only surgeons of recognized ability and integrity are appointed; he organizes his department, and all necessary appliances are furnished for the speedy relief of unfortunates, he can receive and intelligently consider the reports of local surgeons, and thereby be of great assistance to the superintendent in "sifting the chaff from the wheat."

The great difficulty in the way of making a success of this system, especially in the South, is the fact that accidents will persist in occurring in out-of-the-way places, where accommodations cannot be had for the injured, or, if near a village or town, it is extremely difficult to induce the proprietor of hotel or boarding house to receive as guest one who will cause much confusion and trouble; if you are successful in securing accommodations, it will be at a heavy outlay

for alleged destruction of bedding, extra attention, etc., "ad nauseam."

The second and third divisions are an expense to the employes; there is no economy in them for the company—enormous sums are paid out yearly for board, nursing and surgical attention to employes, passengers and tramps.

The fifth report of the Interstate Commerce Commission recites the fact that 28,267 employes and 3,227 passengers were injured during 1892—one employe to every twenty-nine employed, and one passenger for each 1,491,910 carried.

What then must be the expense to those railroads that pay these bills. The writer is local surgeon for two systems of railroads whose lines terminate at Sanford, whose management have adopted this plan, and I can assure you that it is expensive and unsatisfactory; many of the employes have expressed themselves as both willing and anxious to be assessed, and treated as employes of the South Florida Railroad are. As in the first two divisions, when an employe is sick or injured when not on duty, he pays his own bills.

THE HOSPITAL SYSTEM.

The Hospital Department is a comparatively new division of the surgical service of our railroads.

The Missouri Pacific, I believe, was the first railway company to organize a hospital system, and within a few weeks, the South Florida completed its organization. Many other companies have since organized this system, and each year adds to the list. The South Florida is the only company in the South that I have a knowledge of, which has a hospital exclusively for the benefit of employes.

While the writer recognizes the fact that different localities would require perhaps, various plans of organization as to working details in a hospital system, yet the general principles underlying them are the same.

In the spring of 1882, without being cognizant of any previous organization of like character, Mr. B. R. Swoope, Superintendent of the South Florida Railroad, conceived the idea of establishing a hospital for the care of both sick and injured employes, and on his endorsement, the management authorized such an organization.

The organization consists of an Executive Committee and a Chief Surgeon. The Executive Committee is composed of the heads of each department, with the Superintendent as chairman.

The committee authorizes the Chief Surgeon to organize the department, giving him full power to appoint local surgeons, and arrange and perfect all details to the best interest of both employer and employe.

The necessary funds for maintenance are raised by assessment—each employe, except general officers, being assessed fifty cents per month, the latter one dollar per month, the company assesses itself sixty-six and 66-100ths dollars per month. This money is collected each month, and is designated as "The Hospital Fund." If, at the end of the month, there is not sufficient money to the credit of the fund to meet the indebtedness, the company donates a sufficient amount to cover vouchers.

The organization of the surgical staff is complete yet simple; there are only four blank forms used—a surgeon's order blank, a discharge check, an immediate report, and a monthly report. The order blank admits the patient, the discharge check discharges him when cured, the immediate report is sent in, in case of personal injury, by the local surgeon, giving name, whether employe, passenger, or neither, manner of occurrence, extent of injury, and the character of dressing use. All other details are sent to the Master of Transportation direct, by the official in charge of train, or in whatever department the accident may occur.

Local Surgeons are at all the important points on the line of the road. Each surgeon is supplied with a stretcher and necessary medicines and surgical dressings. When an accident occurs a temporary dressing is applied, and the patient sent to the hospital on the first passenger train. If the injury is of a serious nature a special train is provided, and the injured are brought to the hospital as speedily as possible, and just here let me say that I do not think any system complete, that is not provided with one or more "relief cars."

Except where necessary for the preservation of life, no operation is performed outside of the hospital.

In case of sickness the local surgeon prescribes and furnishes the medicines necessary, and if, in his opinion, the employe will be unfit for duty for several days, he is ordered to the hospital, where he will receive board, nursing, medicine and medical attention until he is able to return to duty. In addition to being taken care of until fully restored to health, in case of injury, the employe is paid half-time while in the hospital, and if, in the judgment of the Superintendent or his legal advisers, the company is at fault, he is voluntarily tendered a just compensation for the injury received. As a result of this fair treatment, the company which I represent finds itself free from damage suits.

For six dollars per year (except for the general officers, who pay twelve dollars per year) an employe receives, in case of sickness or accident, (whether the sickness or accident occurs while on duty or not), his board, nursing, medicine and medical or surgical attention for as long a time as he may be disabled, be it five days or five years. Need I say more as to the benefits of the Hospital System?

What, then, are the necessities for this system?

The question is very forcibly answered in an article by Dr. Clinton B. Herrick of your city, published in the October number of *The International Journal of Surgery*, which I quote:—Take the usual instance where a man is severely injured, say one or both legs or arms crushed. Is it not enough for one to be so mangled, when every nerve of his body adds to his misery; but no, he is usually tied up with a rope, old rags, or aught else lying about, by his comrades, as best they know how, lifted into the first train, possibly some time after being hurt, with crushed members dangling behind him unsupported, sent along the road many miles in cold, damp cars, each start and jar of which almost closes the scene. Soon after, he is again hustled into an ambulance and hurried to a hospital. And what is his condition when arriving there, and what chances are left for the surgeon to work on? Usually he presents a pallid, grimy appearance, pulseless, cold and stupefied; the crushed leg or arm so mixed up with clothing, gravel, sticks, and the like, as not to look

like anything but bloody rubbish.

"What untold agonies has that man endured since the receipt of his injury, no one can realize.

"It has been my experience to bend over more than a few of such cases, and say Nothing can be done for this poor man. He could not stand an operation; he has been bled and jostled to death, and so, he has died."

"Even if less severely injured persons be brought to the surgeon, as they more than frequently are, their systems have been drained to a low ebb, the wounds have been poisoned by long contamination with dirt to that degree that a good result can only be hoped for.

"And how can all this be averted? By simply taking the surgeon to the patient, instead of taking the patient to the surgeon."

Is there any necessity for the Hospital System?

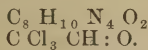
A letter addressed to Mr. B. R. Swoope, Superintendent of the South Florida Railroad, and Chairman of the Hospital Executive Committee, requesting his views as to the necessity for, and the benefits of a railway hospital, was answered in the following brief and concise manner:—First, a properly organized hospital service is essential, in my opinion, to every railroad of any size, from the fact that it is almost impossible (if not quite so) to secure the necessary medical and surgical attention in cases of personal injury to either passengers or employes through any other channel. Further, employes can receive medical treatment in a hospital with competent nursing and proper food, by which they are restored to health quicker than if treated elsewhere, and the company receives the benefit of having its men in their accustomed places, instead of having them filled by less competent parties. Second, the benefits to be derived from a hospital service are wholly mutual to employer and employe. The two are bound closer together, and fully realize that their interests are common to a great extent, and each individual who contributes toward the maintenance of such an institution feels that a certain part of the responsibility connected therewith is upon him, ensuring greater success than could otherwise be attained. The employes

receive whatever medical and surgical treatment may be required at less expense to themselves than could be had elsewhere, and in such cases where employes have no families, a home is provided for their care and comfort while sick; in cases of personal injury the railroad is saved hundreds of dollars annually in settlement of claims, as well as in the payment of surgeon's fees, which it would be compelled to assume, it being a well-known fact that the ordinary jury will decide a case in favor of the "poor" individual injured, and against the "wealthy" "soulless" corporation: without regard as to whether the evidence exonerates the latter of all blame or not."

ON THE ACTION OF CHLORAL-CAFFEIN.

By GEO. W. RACHEL, M.D.

CHLORAL-CAFFEIN is a molecular combination of those two substances, in the proportion of one molecule of one, to one molecule of the other. Its formula is:—



It consists of white, glistening crystalline scales which very readily dissolve in cold water. For this reason it is very well adapted for hypodermic injections.

In the presence of alkalies it decomposes into caffein and chloroform.

Prof. Ewald of Berlin, has experimented with the new drug in his division at the Augusta Hospital, and reports a number of cases in which it showed its peculiar therapeutic properties.

In a series of thirteen cases of *constipation*, he administered chloral-caffein, and its success as a mild laxative was evident in twelve of them; only in one case it failed to act, and high irrigations had again to be resorted to. In these cases constipation had existed for a period of not less than three, nor more than six days. He injected subcutaneously from 0.2 to 0.4 gms (3 to 7 grains) of chloral caffein, and within three hours, at the latest, the passage of soft stools would take place.

In one case one ounce of castor-oil and a high irrigation had been administered

the previous day. Five days after the chloral-caffein had been successfully taken, constipation set in again. Now, 0.4 gm. (7 grains) of the new drug were administered subcutaneously every two hours (no castor-oil) with the same success.

One of the patients had dilatation of the stomach with attacks of gastralgia. He was given an injection of 0.3 gm. (5 grains) of chloral-caffein. The next morning, the patient stated without having been questioned in this respect—that he had had a soft passage a few hours after the injection, although his stools were always quite hard and solid.

Eight *rheumatic* patients who had been treated unsuccessfully with salicylate of soda for a period of time, varying from two to seventeen days, chloral caffein was administered subcutaneously to the amount of from 0.2 to 0.4 gms (3 to 7 grains) in twenty-four hours. In seven of these cases the pains as well as the swelling of the joints subsided.

A case of *sciatica* was treated with daily injections of 0.2 gms (3 grains) for several days, when the pain completely subsided. In one case of *rheumatic pains* in one *hip joint* and in both *testicles*, the drug brought about a considerable improvement. The same is reported of a case of *saturnine poisoning with severe pains* (lead-colic?)

Two cases of *pulmonary emphysema* with severe asthmatic attacks had been treated with morphine unsuccessfully; one injection of 0.2 gms (3 grains) of chloral-caffein quickly conquered the asthmatic trouble in each case.

In a case of *nephritis* with *myocarditis* and *constipation*, the asthmatic attacks as well as the constipation were favorably influenced by injections of the drug.

In two phthisical cases where sensitiveness along the spinal column existed, the injections, however were without any effect.

From these observations Prof. Ewald concludes that the injections of this drug in cases of moderate constipation have a mild laxative action, while irritation of the peripheral nerves is influenced by them in a manner to quiet and abolish the pain. It is doubtful how much of this action is due to the caffein. Experiments with animals have shown that in

non-toxic doses the action of the caffein is of very little account in comparison with that of the chloral; this is in accord with the well-established experience that in all similar combinations of chloral with some other body *e. g.* urea or cyanogen, the specific action of the latter is almost completely obliterated by the action of the chloral.

In view of the comparatively small number of cases and the somewhat obscure mode of action of the new drug, Prof. Ewald prefers not to give any opinion about a definite specific action of chloral caffein.

I have made use of the drug in three cases and can corroborate Ewald's experience.

The first case was one of intestinal obstruction in a ten-year-old boy. He was suffering with lancinating pains in the ileocecal region for nine days. In the beginning he had pretty high temperature (104°) and a very small rapid pulse (132.) He remained in about the same condition for several days. On the fifth day after I saw him first he had a strong desire to defecate. As I dreaded the effects of the straining on account of its possibly effects on the seat of the trouble, I gave him two doses of 0.4 gms ($6\frac{2}{3}$ grains) of chloral-caffeine within an hour. About four hours after the first dose he had a soft passage without any straining. This was followed by two more evacuations and the relief afforded was considerable.

He went on fairly well after this, and on the seventh day a spontaneous passage took place, from which time the boy began to recover. The perityphlitic process was completely over by the end of the third week.

The other case was that of a lady, æt 54, who had a severe attack of biliary colic. After the pains had somewhat yielded to the usual treatment, I ordered sweet oil to be taken pretty freely. The patient took about a pint in the course of 16 hours without effect. High irrigation was then resorted to several times without avail. I then prescribed on the fourth day chloral-caffeine in doses of 0.2 gms ($3\frac{1}{3}$ grains) every two hours. Six hours after the first dose, when she was preparing to take the fourth dose, a copious evacuation of a pulpy consistency,

containing numerous hard scybala, took place, which was followed by a number of more passages to the great delight of the patient. There was no outward effect, although the patient, who is a very stout person with incipient fatty heart, took 0.6 gms (10 grains) altogether.

The third case, a young girl of 19, who has been a sufferer from constipation for many years, and with whom every purgative or laxative fails after a while to act, was found to get relief from bicycle-riding only.

When she was unable to follow that sport her old trouble would set in again. I then gave her chloral caffein, and after two doses of 0.2 gms ($3\frac{1}{3}$ grains) she had the desired relief. The same effect was obtained a few weeks later when she had again been confined indoors for sometime.

Dr. I. Neuman, of this city, has kindly furnished a report of a case whom I saw with him a few months ago. He writes:

"M. G., male, 32 years, an active business man, who has never been sick until six years ago, when he had some liver trouble, the nature of which I could not determine. Has had cough and expectoration for several years; looks pale and badly nourished.

"In March last he had a pulmonary hemorrhage; left his bed after three weeks. Another attack on May 10, which was followed by a third three days later. During the second week of his illness he complained of severe colicky pain in his abdomen and vomited greenish matter. He had not had a passage for several days. The abdomen was metroristic, very hard to the touch; the pain was located in the epigastrium, shooting toward the right hypochondriac region; slight enlargement of the liver; temperature normal; pulse quick and small; irregular; urine very dark.

"On May 22, when he saw the patient with me for the first time, we agreed on the diagnosis of cholelithiasis. The pain was at times very severe, and opium, morphine, codeine, chloral in pretty free doses could not subdue it.

"Constipation did not yield to rhu-barb, senna or other laxatives. Only several high irrigations, preceded by an injection of about 15.0 gms (3ss) of gly-

cerine, would enable patient to discharge a few hard scybala. On this same day (the fourth), three calculi were passed with painful tenesmus. One was the size of a hazelnut, the two others very small. Then, on your suggestion, chloral-cafein was given, 0.5 gms ($7\frac{1}{2}$ grains) every two hours. After the third dose a free and painless passage took place, quite copious, of a soft consistency, followed by another one in about an hour. Next day one dose had the same effect. I was thus enabled to dispense with the high irrigations, which, as the patient was in a very weak condition from the pain and the previous loss of blood, was very fortunate. There was never any untoward symptom accompanying the action of the new drug. I am at a loss to say what the quiet laxative action of chloral-cafein is due to. Chloral the patient had been taking in pretty large doses without effect. Should the caffein or the happy combination of both drugs be effective?"

Dr. I. Morvay, Rottenberg, has used chloral-cafein in two cases. He writes:

"The first patient was a lady of 25, who, on account of a complication of diseases, viz.: nephritis, cystitis and anteversion of the uterus, had been abed for twelve weeks. She was constipated, and had severe attacks of colicky pain in the abdomen, against which opiates could not be given on account of an existing idiosyncrasy, beginning with vomiting and ending in a state of great excitement. But paraldehyde, sulfonal and chloral did not have any influence in safe doses. So I tried the chloral-cafein, as there had also been no passage for a number of days. After she took 0.5 gms ($7\frac{1}{2}$ grains) she had a severe attack of cyanosis, some loss of consciousness and great prostration, lasting about half an hour. But the pains left her, and shortly after she had a copious passage of a soft character, containing hard pieces of the size of a walnut. After a few days another like dose was given. The effect on the pains was not so marked, but no collapse took place, and an easy passage followed.

In another case, a 20-year-old girl with peritonitis, the soothing action on the pain was very marked, but, as she had previously taken large doses of opiates, a passage did not take place until the next day."

Where a narcotic action is desired, therefore, but where the constipating action of the preparations of opium is not advantageous, the new drug is certainly of great value.

CARBOLIC ACID USED IN FULL STRENGTH IN SURGERY.*

By OSCAR H. ALLIS, M.D.,

[Surgeon to the Presbyterian Hospital.]

SURGEONS in early days of antiseptic surgery attributed their success to carbolic acid. As introduced it was employed in a dilute aqueous or oleaginous solution. For a time it was the sole antiseptic. To-day it is mainly used in general surgery as a bath for surgical instruments. Few surgeons will demand a reason for its abandonment. Few have not personally experienced its benumbing effects, and have thus been able to assign the collapse following its employment to something different than loss of blood, shock of operation or anesthetic.

With such an experience of carbolic acid in its dilute form I confess that I was quite astonished to learn from my friend, Dr. B. F. Gardner, of Bloomsburg, that he was in the habit of using the article in its full strength upon extensive cut surfaces, and that, too, with the happiest results. As this article owes its entire value to Dr. Gardner, I will give in detail his method.

When Lister introduced his paste Dr. Gardner used it quite extensively. After an application to quite an extensive wound surface he was surprised to find it turn white, and that he had used pure carbolic acid. He therefore immediately washed the surface and dressed the wound keeping it open until oozing had ceased. The case did so well that it inaugurated with him a line of treatment that he has extensively employed. As a typical application let me take an amputation of the female breast. After its removal and the ligation of the bleeding vessels, carbolic acid crystals, dissolved in sufficient water for solution, are applied with a sponge to all parts of the cut surface. Immediately upon the application of the acid the tissues turn white, which is a guarantee of

*Read at the meeting of the Philadelphia Academy of Surgery, October 2d, 1893.

its thorough action. The wound surface is then washed with water previously sterilized by boiling, and then approximated with provisions for drainage. This is especially necessary, as for twenty-four hours the oozing must find ready exit. During the first few days there is a slight local hyperemia along the borders of approximation, but this declines without crisis.

Dr. Gardner claims for carbolic acid applied in officinal strength :

1. That no systemic absorption attends its use, and hence no danger of shock.

2. That it is a local anesthetic. Hence there is not as much pain after the operation.

3. That it is in a measure a hemostatic, acting especially upon the capillary vessels.

I have taken the removal of the mamma only as an illustrative case. In all operations outside of the pleuritic and abdominal cavities, such as amputations and resections, Dr. Gardner resorts to it.

In hydrocele he lays open the sac freely, then applies carbolic acid to the tunica vaginalis, and concludes with packing or drainage. The operation is not followed by excess of any kind, and recovery is prompt. He has used it in gunshot wounds of the knee and ankle. If he gets such a case after suppuration has set in he freely opens the joint, applies the carbolic acid to every part, washes out all excesses freely, secures ample drainage with fixation, and confidently awaits the result. Ankylosis may follow, but this will depend on the extent of the injury, the delay in treatment, the conduct of the patient. Dr. Gardner has used bichloride of mercury, hydrogen peroxide, iodoform, etc.; none of them has answered the claims made for them; all have disappointed him, but pure carbolic acid *never*.

I have said that Dr. Gardner does not use this upon serous membranes, *i. e.*, within the abdomen. I must modify this statement. In a case of strangulated hernia, in which he found patches of sphacelus—not deep but threatening—he cautiously applied the pure acid and returned the gut. Fortunately the strangulation had been arrested by operation in time to save the gut. Nothing eventful in the subsequent history, which was speedy.

I do not know Dr. Gardner's theory of the actions of this powerful drug, and shall attempt no explanation. The turning of the wound surface white is due probably to the coagulation of the albumen of the tissues and fluids of the wound surface, and not that the acid has a necrotic effect. That it does not produce a true destruction of tissue may be inferred that after a large breast or thigh amputation he will have primary union and no suppuration. In its use in hydrocele a half drachm or more is injected into the tunica vaginalis, and resolution without suppuration ensues. It is possible that by its action upon the wound surface an action similar to that obtained by heat may be produced, and thus facilitate repair.

I will conclude this article by briefly stating my own experience with it.

On entering the wards of the Presbyterian Hospital I found that one of my amputations of the thigh had not done well, and looking at the stump found it swollen and of an angry threatening character. The seam of approximation was perfect. I therefore removed all the sutures, and separating the flaps found them almost in a state of gangrene. Taking pure carbolic acid, I applied it freely, pressing it into the tissues with the sponge applicator, removed the excess, and packing the space between the flaps renewed the dressing. This was done without anesthetic and without apparent pain. The exposed surfaces soon began to granulate, when they were approximated and recovery soon followed. I have also frequently applied it upon a carrier with cotton to sinuses, and after curetting glands.

DISCUSSION.

DR. H. R. WHARTON : I would like to ask if Dr. Allis has seen carbolic acid poisoning from the use of the agent in this way. I have never seen much trouble from the use of carbolic acid except in children. At the Children's Hospital I have seen two or three cases where its use has produced a marked constitutional effect. In one instance where a large nevus was dressed with carbolic acid application there was a dark-colored urine and other symptoms of poisoning.

DR. WILLIAM J. TAYLOR : I think the application of pure carbolic acid to a fresh,

clean surface, such as is left after the removal of the breast is totally unnecessary. If you have a thoroughly clean skin, clean instruments, ligatures, and hands, you will have primary union. If such a fresh surface is smeared with carbolic acid there will be a large amount of oozing. My experience with a few cases where strong carbolic acid solutions were used a number of years ago was that healing was much retarded.

As an application to suppurating surfaces such as Dr. Allis speaks of, and where you wish a cauterizing and disinfecting action, I consider carbolic acid one of the best agents that we have, and use it frequently.

DR. W. JOSEPH HEARN: If carbolic acid is applied to a raw surface, otherwise healthy, one would expect to have a certain amount of necrosis of the tissues. Some cells will be destroyed, and afford a soil for the propagation of germs.

DR. RICHARD H. HARTE: Dr. Levis was in the habit of using carbolic acid for its cautery effect. I remember several cases where he used it freely, producing large sloughs over the posterior surface of the thigh.

DR. ALLIS: In regard to poisoning Dr. Gardner claims immunity from poisoning from the fact that the application sears the whole surface and closes the small vessels, and nothing is taken into the system. Dilute solutions are rapidly taken up. In one case where I operated on two herniae in the same individual there was a good deal of collapse following the use of a dilute solution of carbolic acid.

I am not prepared to say whether it has a necrotic action or not. I do not understand how Dr. Gardner gets primary union using it as he does if it has such an action.

I think that Dr. Gardner probably began its use with the idea that there might be left after amputation of the breast some cells which it would destroy. I do not bring this forward thinking that anyone will be led to use it in these cases, but there is a big lesson in this use of carbolic acid. There are places where it is valuable, for instance, in deep sinuses and pus tracts. I have injected it into a psoas abscess so that it would run out—probably eight ounces—without the slightest constitutional effects.

I can subscribe to what Dr. Harte says. Care must be taken that the carbolic acid does not come in contact with the skin. If it touches the skin it will blister it, but when applied to a raw surface it does not have the effect which we should expect. In a few cases where it has been injected into the tunica vaginalis the patients have almost died, but in a large majority of cases carbolic acid pure in hydrocele effects a happy cure and without suppuration. Hence without necrotic action.

In collecting some cases of accidents in the treatment of hydrocele such cases were reported to me.

As to whether or not the application in recent surgery is necessary or advantageous I leave that for individual opinion. I have seen bichloride solution do as much mischief as carbolic acid probably could do in preventing primary union.

DR. L. W. STEINBACH: In speaking of the use of carbolic acid Dr. Levis has been referred to. A number of years ago I had the pleasure of assisting Dr. Levis in the removal of an ovarian cyst in private practice. At that time the spray was used. The assistant who had charge of the spray put the carbolic acid in the bottle and the water on top of it without mixing the two, so that a spray of pure carbolic acid was delivered into the wound and on to the operator's hands. The doctor's hands became so benumbed that he was unable to introduce the stitches. The woman, however, made an excellent recovery.

Of course every one knows the good success of Dr. Levis in the treatment of hydrocele with carbolic acid. He was careful that none got into the connective tissue or on the scrotum. I never saw an accident in any of his numerous cases.

THE PLINY CURE FOR INEBRIETY.—Dr. Robertson says, in the *Pacific Medical Journal*, "I will match Keeley's secret as regards remedial value and scientific acumen with one I recently found in the 1601 edition of Philemon Holland's translation of Pliny: "For to avoid drunkenness, take the lungs of an hog, be it bore or sow, it matters not, in like manner of a kid, and roast it; whosoever eateth thereof fasting shall not be drunk that day how liberally soever he take his drinke."

Lecture.

THE PHILOSOPHY OF MAN.

By JAMES E. GARRETSON, A. M., M. D.

(Continued from last number.)

MAN and his world accepted as identical, the cogito, ergo sum of Des Cartes in the simple and only start point of understanding. But here a query, and a pertinent one: Has it been shown that man and his world are one? It is answered as having been shown, or let us say as showable, that all so-called realities, all and everything esteemed the natural world, as these are recognized by both common and educated sense, are never else to a man than what he finds himself able to make out of them. Allusion here is, as understood, to things dealt with by eyes, ears, taste, touch and smell; for it is relation with these phenomena alone that has as yet obtained any consideration. Does such or similar means of relation hold with the so-esteemed spiritual things? Here, a foundational premise that demands for our wider understanding of man's world, absolute recognition. Nothing relates with a man otherwise than through a sense. Things known through tongue are not known through ears; eye sees, touch feels, odor is not where there is no smell. Is there a means that takes hold of and deals with existence not seeable by eyes, touchable by touch, hearable by hearing, tasteable by taste, smellable by smell. If there be not, then have we already compassed man's world on a principle lies, and there is nothing, apart from the objective, that relates with or can concern us; this is demonstrable in the proposition that the office and meaning of a thing are one with the capability of a thing.

These we start in a search after the spiritual. The Spiritual or Subjective is to a man what the Material or Objective is—it is what he is able to make out of it. As Objective is one as to its manifestations with degree of education residing with organic senses, so Subjective is one with degree of cultivation residing with Sensitivity. As we know

so well what Objective is let the Subjective claim from us a moment for its analysis. In contrast, Subjectivity is seeing, hearing, tasting, smelling, feeling, independently of eyes, ears, tongue, nostril and finger, *but not independently of a sense or senses*. Are there other than the organic senses? This surely, if there be things that concern man, which things be not within the capability of his organic senses; such other senses different, however, only where practically viewed, as the hearing sense is different from the seeing sense.

Subjectivity or Sensitivity is one with egoistic; meaning by egoistic the I, the That which knows itself independently of environment; that I of child which no mother has ever seen upon the retini of her natural eye; body being between, the I recognized in the cogito, ergo sum.

Does this I hear independently of ears? Does I see independently of eyes. Consider what from all time have been, and are, recognized as inspirations; powers that ring down through the ages, visions that come to sleepers, music heard by ears long deaf. Is an invention else than sight of a thing existing in the Subjective world until the Seer materializes it, thus bringing it from the one world to the uses of the other. Ponder deeply on such problem, for with it, and not anywhere else, is all that theology has to talk about. Here we are to go slowly, remembering we discourse as philosophers. A sixth sense, not assumed, but self demonstrating, is the egoistic. To appreciate it we may consider the employed existing with a flute player, the importrayed seen by a poet, the invention too mistily seen by an inventor to allow of imitation. Consider the world within would lived in when Cerebrum and its associate senses are sound asleep; body dead is Ego not alive. Are eyes over which lids are tightly closed found necessary to vision? Are ear drums fast shut and locked a necessity for hearing? On the contrary; are not brighter illuminations discovered? sounds heard such as never ravished bodily ear? odors inhaled such as olfaction never smelled? when the sensitive sleeps in body?

For purposes of plain demonstration attention is directed to a skeleton. Will

a skeleton move of itself? It is not seen to do so. The bones constituting a skeleton are found having their various movements by reason of muscles related with and acting on them. Muscles, then, are to be accepted as the movers about of human bodies? Only indirectly. When nerves which are met with running into muscles are cut, movement stops instantly—as in paralysis. It is then the nerves that are the movers about of human bodies? Still only indirectly. If nerves be separated from the brain they are helpless, as production of motion is concerned, as strands of cobweb would be found. It is then necessarily the brain that is producer of motion? Still again only indirectly. Brains, human and of brutes, are to be found in number filling the great jars and occupying places upon the shelves of dissecting rooms, but no one of them has been known to break from its confinement or change locality.

Analysis of a brain shows a construction of wonderful likeness to a telegraph system. Dissections of hundreds of brains, and of their allied relations of nerve-cords and ganglia, made by the writer in a long experience as an anatomist, resolve the complexity into a simplicity as follows, namely, what a battery and cords are to an electrician, that exactly the nervous system is to the user of it; again, the nervous apparatus is to the user of it precisely what a piano is to a composer or player. The understanding to be conveyed is that the nervous system is simply, wholly, absolutely, an instrument. Except that it is a more complicated instrument as to construction, it is nothing at all different from a shoe which serves its purpose of covering a foot, from a type-writer which makes letters in response to touches, from a wire and a battery which obey commands and convey messages, or from a violin which screams tones of anguish or laughs peals of merriment, which tones and peals are with him who draws the bow, and not acts of the instrument; seeing that when instrument is separated from a player it is nothing but wood and strings.

Truly, the brain is so identified with things known to Ego that it may be likened, not inaptly, to many things. It is a mirror; it is a sounding-board; it is a

hewer and carrier; it is a builder and destroyer; it is a navigator of the sea and as well as a traveller through woods; it is the physician working at problems of diagnosis; it is the mathematician conning over questions in figures; it is all that exhibits individual direction and intelligence; yet, exactly after a like manner the battery and cords of a telegraph are to be considered. A telegraph apparatus is a messenger; it carries and brings; it is a lamp to dark places; it is a surgeon cutting with saws; it is a navigator steering his vessel; it is a musician playing on a great organ; it is any and everything which is expressive of office performed by it.

A telegraphic apparatus is means of expression, nothing else. A cerebral apparatus is means of expression, nothing else.

Brain is mind-instrument Mind is instrumentation.

A brain separated from its user is little more than its bulk of water. If the bulk be squeezed to dryness between the hands or by means of a press, so completely does the mass disappear that a thimble will hold the residuum. Subject water thus obtained to the action of heat, and in a few moments this will disappear, as, in turn, will the solid residuum if subjected to a like influence.

Man says, "I see," "I feel," "I taste," "I smell," "I hear." The man expresses himself correctly. Certainly it is not a simple lens called the eye that sees. A man never thinks that it is his spectacles that look. What sees is the Self, the I. Optical apparatus, whether the ordinary organ of sight, a set of prepared glasses, or what else in the line of vision, are media of communication; nothing different, nothing else. The means of smell, but not smell itself, lie with a collection of delicate strings. Hearing is by means of a semi-pulpy cord. Touch is accomplished through the instrumentality of white, hard strings several feet, many of them, in length. When, on the contrary, man says, "I am heated, I am cold, I am hungry, I am famished," he speaks incorrectly, as here are indicated conditions of the environment and not any state or need of the Ego.

(To be continued in next number.)

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THE WINTER SEASON AND ITS INFLUENCE ON HEALTH, DISEASE AND INJURIES.

THE winter season is again upon us. In the east it has set in early and with severity.

Now the brethern who have complained so bitterly about the abnormally high standard of the general health, and in consequence thereof have had little to do, will be busy enough.

The winter season is the most severe of all others on the human being, for he alone of the animal kingdom, exclusive of those domesticated, fails to hibernate, and go in winter quarters; but he defies the elements, and, indeed, if he were not

so endowed by the Creator that he can with marvelous rapidity and safety change his environment, in a few years his race would become extinct.

Winter makes severe demands on the human being. He must have more food and more clothing, besides a comfortable and wholesome habitation.

Will the bacteriologists please explain how it is, if all febrile diseases are caused by a vegetable parasite which demands heat and moisture for its propagation, that in the winter, during a very severe and dry frost, every type of the febrile state is prevalent and is terribly destructive to life?

If the germ-theory, as a causative factor of traumatic inflammation after injury, holds, how is it that the exposure of a wounded surface is attended, in cold weather, with great danger of erysipelas and gangrene?

There can be no question that the germ-theory will not in itself explain the etiology of the febrile state, and that, of all things, there is nothing so dangerous to health, in a general way, in winter, as "taking cold."

Ventilate, then, as much as you please, but don't ride your hobby to death and freeze the life out of your patient.

Heat in winter is a coloric aliment for the sick, and as necessary to them as air and water. See to it, then, that in all cases of injury, whatever else you do, your patient is to be kept warm, for heat is life and cold is death. T. H. M.

LITHOTO-LITHOTRIPSY.

THE last twenty years has worked marvelous changes in the surgery of the bladder and urethra.

It must be conceded, that America has occupied a position in the first rank of progress in the domain of surgery. Otis was the first to demonstrate the remarkable lateral distensile properties of the urethra, and was promptly followed by

Bigelow of Boston, who gave to the world lithopaxy; in that operation, by which a calculus is seized crushed and completely washed out, in one sitting. Keys and Maguire gave a new operation for the treatment of prostatic disease; another surgeon of New York, has recently given us a new operation, by which, chronic, old urethral fistulæ, may be promptly and radically cured, by a simple and always safe procedure. But what we would call attention to now is the operation of Lomean, of Bordeaux, for the treatment of larger, or complicated concretions in the male bladder.

It is well-known that in the hands of the most skilled, for encysted, very hard or voluminous calculi, lithotripsy is an unsafe and unreliable procedure; the instrument may fail to lock, it may get out of order; or fail to crush the stone. It would be criminal to try its employment on an encysted stone.

Of late years, it has been common to enter the bladder, through the roof, as it were, by performing supra-pubic cystotomy.

For the uninitiated the operation was a most seductive one. Little or no art is demanded for its performance; there are no large blood-vessels in the way, and one keeps out of the cavity of the peritoneum. By it we can, not only feel the stone but we can see it. Nevertheless, to the keen investigator and observer, its alleged advantages are but dangerous delusions, and it is well-known, to be an operation full of peril and often attended by the most deplorable consequences.

Lomean has recently operated with remarkable results by a perineal operation for the extraction of calculus, combining lithotripsy with lithotomy. He reaches the base of the bladder, through an incision of the membranous urethra, now feels for the calculus, determines its contour, consistence and location, when

Bigelow's machine is introduced, the stone seized, smashed and washed out through the large urethral incision. The operation is simple, rapid, radical and devoid of many of the dangers attending the employment of the litholotrite, along the whole course of the urethra.

T. H. M.

Annotations.

A CONTRIBUTION TO THE ETIOLOGY OF NEURALGIA OF THE FIFTH NERVE.

TRIGEMINAL neuralgia (*Berl. Klin. Woch.* 1893, No. 44) is caused by diseases of the ear, of the teeth, of the nose and the cavities connected with it, by diseases of the central nervous system, infections and intoxications, and by changes in the nerve itself (hyperemia, inflammation, etc.) Boennecken speaks of a form depending on disease of the teeth. It is understood that destruction caused by caries and its consequences should be remedied in every case (extraction of roots and of teeth that cannot be filled, filling of all the cavities discovered. But there is still a small number of cases where diseases of the pulp of an apparently healthy tooth may cause severe forms of neuralgia. The diagnosis in these cases can only be made by a careful examination of every tooth, cold and hot sounds, percussion, test for loss of transparency with electric light, and exploratory trepanations of the cavity of the pulp. B. has found calcareous concretions and hyperemia in the pulp of such teeth and was able to cure the neuralgia.

PYOCTANIN IN DIPHTHERIA.

DR. HORING (Stuttgart) reports on 112 cases of diphtheria treated and cured with pyoctanin (pyoctanin. caerul. 1.0: aq. destillata 30.0.) He applies the solution twice or three times a day by brushing carefully the inflamed parts. Besides the local antiseptic effect, which destroys the diphtheritic membranes, he observed always a favorable ac-

tion on the local pain and on the fever. Instead of giving the drug internally he merely had the patients swallow and not spit out the pyoctanin after the application with the brush. He prescribed besides this gargarisms with diluted lime water (1:2), and every two hours a teaspoon of a 5 per cent. salicylate of sodium solution. Moreover inhalations of lime water and great care in nourishing the patient. He would also introduce some absorbent cotton imbibed with pyoctanin solution into the nostrils where diphtheria extends into the nose.

The rather exact histories of the 112 cases are certainly encouraging enough.

—*Memorabilien*, Oct., '93.

ICHTHYOL IN OTITIS.

DR. SOLT communicates in the *Berl. Klin. Woch* his experience with ichthyol in otitis. Remembering the antiphlogistic, soothing and resorbing properties of ichthyol and the good results in para and perimetritic processes, he used ichthyol in a case of acute inflammation of the middle ear, where incision was not allowed and other remedies had failed. He had applied three times a day a few drops of ichthyol 1.0, aq. destill, glycerini aa 7.5 in the ear. The pain stopped in one day. A few days later the tympanum had a wavy, whitish surface, after having been bulging and very tense. After the use of the drops through three weeks, the process was perfectly cured. Solt used the drug repeatedly in acute and subacute middle ear catarrhs with much success.

FORMS AND DIAGNOSIS OF ULCERS OF THE STOMACH.*

By GERMAIN SEE.

THIS distinguished member of the French Academy has recently presented an elaborate and learned essay on the subject of gastric ulcer. Owing to its considerable length and detail nothing can be attempted, in the present instance, other than to present an outline of this learned contribution.

Bulletin de L'Academie de Medicine. Translated by T. H. M.

He commences by dividing gastric ulcer into three categories.

1. Ulcers attributable to chemical changes due to hyper-secretion of hydrochloric acid, fermentation and evolution of noxious gases.

2. Ulcers of gastric catarrh, glandular gastritis, cirrhosis, atrophy of the mucous membrane or cancer.

3. Those relating to neuro-motor troubles followed by chemical changes, dilatation of the stomach, vomiting and gastralgias.

The pathological anatomy of gastric ulcer was first analytically studied by Anveillier in 1830. This author believed that neurotic, changes commenced in the mucosum which, as it penetrated more deeply involved the larger vessels and at times extended through all the walls into the peritoneal cavity.

The round ulcer is the most common type. This may pursue a slow course close and cicatrize; to be followed by another. The seat of predilections for an ulcer is at the pylorus, near the curvature, on its posterior surface. This type of ulcer is particularly dangerous when it penetrates deeply, because the splenic artery lies directly in its course and may be opened. This ulcer has a broad base with tumefied edges, and may have its starting point in a local endometritis or an aneurism.

In fifty per cent. of ulcers of the stomach according to Ewald there is hæmatemesis, but in many the blood collects in the cavity of the stomach, or flows directly into the intestine. In these cases when a vessel is opened syncope sets in suddenly, the patient becomes deathly pale and has chills. Shortly the warm blood is felt welling up into the esophagus and the patient is horror-stricken at the sight of blood, which now comes in torrents through the mouth. The blood is usually bright red in ulcers and dark coffee color in cancer or cirrhosis. Jaworski and Korzinski have found the acidity enormously augmented in these cases. There was a rapid conversion of the oxyhemoglobin into chloro-hydrate of hematine which gave the blood a reddish-brown tinge. Moderate hemorrhages cease and prolapse because the orifices of the vessels are thrombosed or temporarily closed, perhaps by the movements of

the stomach, or chemically by the gastric juice. When the blood escapes in small quantities and makes its way downward through the small intestine, it is emulsified with the chyle, and is thrown off with the feces in black coagulated masses, where it may escape detection. Sometimes there are small hemorrhages in the intestine mingled with the feces.

According to Schmauss these are often a sign of pernicious anemia. Symptoms of bleeding ulcer of the stomach. These are not difficult of recognition in acute perforating ulcer, but with those of gradual onset we will recognize them by the sudden syncope, weak pulse, dizziness, extreme pallor and sudden oppression at the hypogastrium. These with the preceeding history give quite conclusive evidence of gastric hemorrhage.

Curability—Notwithstanding the suddenness of the outset and extreme loss of blood, this type of ulcers seldom kill, particularly in early age. Hood in Guys' Hospital in a statistical report from 1870 to 1890 found that the vast majority of patients were under 30 years of years of age in 66 cases 20 were under 30 of which there were but two men; while in 24 cases from 30 to 40 years of age eleven were men. All of these recovered.

In seven cases in which death followed, mortal symptoms immediately set in after hemorrhage, with these the age was from 33 to 40 years.

It is therefore obvious that the prognosis is better in early life than at critical periods of one's existence when they have marked forty. Diagnosis of bleeding ulcer. Esophageal varices in cirrhosis, Blume Debove, Stanly Wilson, Sachs Welkel and Ewald report many cases of fatal hematemesis from this lesion. Alteration in the walls of the stomach have been recognized as a cause as well as varices and aneurisms in the walls of the stomach.

The great difficulty, in many cases is to separate the malignant from the non-malignant; but generally the clinical history and the quality of the vomited material will throw some light on the subject.

Vicarious menstruation from the stomach has been noted. Hemorrhage from the stomach may follow traumatism, though this undoubtedly is rare.

(It must be admitted that the source of hemorrhage in gastric ulcer is often very difficult. Here chemistry and the microscope are aids, but they are indecisive. There is one thing of immense importance in diagnosis, which is of great value in helping us to deal with the evidence, and aid in clearing up the diagnosis; that is sex.

In nineteen cases out of twenty in young females, the changes are in favor of benign ulcer, but hemorrhage from the stomach in the male sex is very rare indeed after adult years are attained; except when the organ is the seat of cancer. Hemorrhage from the stomach in those over thirty may not be immediately fatal, but usually is the harbinger of very serious organic changes.)

ITCHING IN URTICARIA AND IN OTHER DISEASES.

This is successfully treated by the application of a mixture of lime water, aqua lauro-cerasi and glycerine (equal parts.) After the application the diseased parts are to be covered with a thin layer of cotton.

—*Rundschau f. Pharmacie*, 34, '93.

TREATMENT OF PERTUSSIS.

UNRUH recommends for the treatment of whooping cough in the beginning to touch the pharynx with tincture of iodine or tannic acid or to make insufflations with quinine and inhalations of turpentine. Internally the point of a knife of tannate of quinine mixed with six parts of sugar. Later on bromides and especially antipyrin.—*Prg. Med. Woch.*

RESECTION OF OVARY.

A. SIPPEL reports a very interesting case of partial resection of the diseased ovary in the *Centralblatt für Gynaekologie*. A woman, 30 years of age, who had borne once, but wished ardently to have more children, was to be operated for tumors of both ovaries. The right ovary, transformed into a tumor of the size of a child's head, was removed. The left ovary, of the size of an egg of a goose, showed at its hilus a completely preserved streak of normal tissue. The normal tube and the blood vessel accom-

panying it were temporarily controlled by compression. The largest part of ovary, as far as it seems degenerated, was cut away and the wound was shut by ligatures of catgut. There remained streak of normal ovarian tissue 3 cm. (1 inch) broad and $\frac{3}{4}$ mm ($\frac{1}{8}$ inch) thick. The recovery was perfect. Two years and six months later a healthy child was born. This report does not require any explanation or additional remarks!

THE BACILLUS OF TYPHOID.

DR. K. HINTZE (Bostock) showed that the bacillus of typhoid can live in the human body more than ten months, causing suppuration (especially of tibia) of long duration and sometimes causing purulent meningitis. In two cases he shows that the typhoid bacillus itself caused these complications, and that they are not necessarily due to secondary infection.

—*Centralbl. f. Bakteriologie.*

FRENCH NOTES.*

RHINO-LITHIASIS RESULTING FROM OCCUPATION.

BETZ found in a cement worker, a mass of concretions, constantly forming after removal; he also found them in other fellow workmen. The location was on the middle turbinated bone, and the concretions were similar in all. All had either hypertrophic or atrophic rhinitis, but no other lesions. In another factory out of 300 workmen there were at least twenty attacked with rhinolithiasis which sometimes causes perforation of the septum. Workers in bichromate of potash factories are liable to perforation of the septum in consequence of the corrosive dust arising from the chemical; and other trades such as lime burners, snuff makers and workers in woolen fabrics are liable to concretions.

—*Revue Internat. de Rhinologie, etc.*

ICHTHYOCL hypodermically, has been experimented with by M. Damiens, on frogs and rabbits, with the result of demonstrating its complete freedom from bad effects. From one to twenty

grams were injected into rabbits. The injection of ichthyol did not produce cutaneous anesthesia, but it had a marked "decongestionizing" power on which rests its efficacy in dermatology. In conjunctivitis the author had good results and in a case of herpes zoster with intercostal neuralgia it lessened the eruption and pain.—*La France Medical.*

THE APPEARANCE AND CONDITION OF THE EYES IN CHOLERA.

DR. L. WEBSTER FOX, in the *Medical Bulletin*, says: "There is probably no disease in which such rapid changes take place as in the eyes of patients afflicted with Asiatic cholera. Great changes are to be expected, especially in those cases where the fluids of the body are drawn off and discharged with such rapidity.

"The first symptom of ocular change in serious cases of cholera is a bluish discoloration affecting the eyelids and loss of contractility of the orbicularis muscle, which almost prevents the patient closing his eyes, or allows him only to do so with great difficulty. The skin is dry and harsh, the secretion of tears diminished, and in consequence the conjunctiva becomes very dry (xerosis), especially that part of the conjunctiva which is not covered by the eyelids. Ecchymosis comes on rapidly and means a fatal ending.

"In the earliest stages the cornea becomes bright and glistening, but in a very short time a roughening of the corneal epithelium is noticed (desiccation); then follows, at the close of the algid stage, a decided keratitis, and which ends in suppuration of the cornea in about two days. But before suppuration, sometimes an eschar of brown color is formed in the lower part of the cornea. Von Graefe considers that the keratomalacia which follows in cholera is of a neuro-paralytic nature, but, according to Berger, desiccation plays a very important role in the pathology of this disease. The sensibility of the cornea is always diminished toward the end of a serious case of cholera. During the comatose period the eyes are directed upward, so much so that a very small part of the cornea is visible. The appearance of black patches

*Translated by E. W. Bing, M.D., Chester, Pa.

in the sclerotic is a very unfavorable symptom. The patches show themselves around the lower edge of the cornea, their form is irregular, and they attempt to push toward the surface and coalesce. Von Graefe and Boehm say that these patches are produced by the desiccation of the sclerotic; they may also be seen on the lower lids. We do not have any data as to the pathology of this condition.

"During the algid period the eyeballs are sunk in the orbit (enophthalmus), and is due (Daland) to a considerable diminution of the liquids of the retrobulbar tissues.

"The pupils are usually contracted during this period, but in the early stages the pupils are frequently dilated. Von Graefe declares that myosis—contraction of the pupil—in the algid period is caused by the paralysis of the great sympathetic nerve. Jacobson thinks, however, that it is due to mechanical causes, or to the alteration of the blood-vessels; Bouchard, to an auto-intoxication (uremia) resulting from the accumulation of toxic properties in the economy, the condition of the kidneys not permitting them to eliminate the deleterious substances. Experimental injections have been made, in animals, of urine taken from cholera patients, but the only results obtained were contractions of the pupils. No other cholera symptoms became manifest. According to Dr. Costa prompt reaction of the pupils to light was considered a favorable symptom, while sluggish reaction, whether the pupils were contracted or dilated, presaged a fatal ending.

"The opacities noticed in the crystalline lens or vitreous body prove that the uveal tract is also attacked. The ophthalmoscope, during the algid period, shows a decided contraction of the retinal arteries, of which the color is a very deep red, and with very little pressure on the eyeball the arterial pulse is produced or the retinal vessels emptied. Berger claims that these phenomena are the results of weakness of the cardiac muscle and of the diminution of the intra-vascular tension. They are noticed at the same time with the disappearance of the second sound of the heart and the radial pulse. Contrary to the arteries, the retinal veins

have their normal diameter and contain dark venous blood. Von Graefe has seen the blood current interrupted in the veins, small sanguinary cylinders flow by pulsations toward the optic nerve; this phenomenon may be compared to that which is observed in some cases following embolia of the central artery of the retina.

"The loss of vision, which takes place during the algid period when not due to corneal disturbances, is probably due to the amblyopia engendered by the microbes or the uremia, which is frequent during this stage. If patients recover, all ocular symptoms disappear. In the reactive period of cholera a marked hyperemia of the conjunctiva is seen, which may even degenerate into a catarrhal conjunctivitis. The secondary complication, designated by the name of typhoid cholera, has no special influence on the eyes. Joseph says, nevertheless, that the pupils are always contracted save in the serious cases, where they are dilated."

Book Notes.

Books and Pamphlets received :

REMARKS ON THE WRITINGS OF LOUYSE BOURGEOIS. By Hunter Robb, M. D., Associate in Gynecology. Reprint from *The Johns Hopkins Hospital Bulletin*.

RECENT PROGRESS IN ELECTRO-GYNECOLOGY. By G. Betton Massey, M. D., Philadelphia. Reprinted from the *Journal of The American Association*.

THE PATHOLOGICAL SIGNIFICATION OF IMMUNITY. By A. L. Chapman, A. M., M. D., Kansas City, Mo. Reprint from *The Kansas City Medical Record*.

STUDIES AND METHODS IN SUPRA-PUBIC HYSTERECTOMY. By Joseph Eastman, M. D., LL. D., of Indianapolis, Ind. Reprinted from the *North American Practitioner*.

A FEW POINTS OF INTEREST TO THE FAMILY PHYSICIAN. By Joseph Eastman, M. D., LL. D. Indianapolis, Ind. Reprinted from the *Journal of the American Medical Association*.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

WILL you kindly inform me through the column of your most excellent journal, the TIMES AND REGISTER, about the drug dermatol. What is its chemical name. I sent east to a drug firm for bismuth subgallate and dermatol was sent me and I was informed that dermatol and bismuth subgallate were one and the same drug. Have you had any experience with the use of dermatol, and if so, in what particular diseases, did you find it sufficient? To whom should I write for literature on that drug?

E. EMERSON M.D.

SPRING ARBOR.

[Dermatol or bismuth subgallate is an antiseptic remedy of some value, it does not give rise to irritation and is not absorbed. It is largely employed in surgery in place of iodoform, and also in dermatology and gynecology.

Internally it has been employed for gastric disturbances. Dose about two drams daily.

—Ed. T. & R.]

The Medical Digest.

MEDICINE.

A Prolonged Fast.—There is reported from Russia a case of unusually long fasting. A young girl of seventeen was overtaken by night near the village of Ruzino in Moscow on the 24th of last November. She took refuge under a small outbuilding covered with straw. During the night it snowed violently, and in the morning the girl was unable to force her way from under the snow.

The first day she ate five bits of bread she had with her, after which she had no food but the snow. Fifty-one days later she was discovered buried under three feet and a half of snow. On being taken to the hospital on January 14th, she was in a state of extreme exhaustion and unable to move a limb, though entirely conscious. There was a general cutaneous anasarca. The mucous membranes were excessively pale, and there was no trace of panniculus adiposus. The muscles were much atrophied. The respiration was 26; the pulse 84, small and feeble; the temperature 38° C. The cardiac sounds, though weak, were clear, and there was an anemic murmur in the cervical vessels. The urine was concentrated, but contained no sugar or albumen. For the next two days she remained semi-conscious and somnolent, but rapidly recovered, and at the end of a week was able to take ordinary hospital diet.—*Boston Med. and Surg. Journal.*

Treatment of Tonsillitis.—Fabre at the recent Congress at Besancon reported forty cases of tonsillitis successfully treated by inhalation of hot air charged with creasote and carbolic acid. The cough was at once relieved, and a resolution obtained in two days. In ten cases of threatened suppuration the painful deglutition was relieved after an inhalation for half an hour. The softened areas disappeared on the second inhalation. The mixture used was beech-wood creasote, five grammes, and crystalized carbolic acid, fifty centigrammes. In the only case of diphtheritic tonsillitis thus treated, the tonsils which were covered with thick false membrane came, after three inhalations, perfectly clean. The mucous-membrane soon recovered its normal appearance, and the glandular swelling rapidly diminished. In this case the amount of carbolic acid was increased to one gramme.

—*Boston Med. and Surg. Journal*

The Etiology of Chlorosis.—Meinert (*Wien. med. Woch.*, No. 41, 1893) attributes chlorosis to displacement of the stomach (gastroptosis) induced by the prevailing custom of constricting the lower portion of the thorax by means of stays. He speaks of an increased irri-

tability of the prolapsed organ, probably due to the stretching of the nerve fibres which course from the solar plexus to the lesser curvature of the stomach. He believes that gastropptosis is present in all cases of chlorosis, and persists after the blood condition has been cured. He accounts thus for the marked tendency to relapses. In growing girls he regards the condition as curable if the exciting causes are removed, but in the fully grown adult the condition cannot be cured. Similar changes are induced, he states, in cases of chest deformity due to rickets (pigeon breast) and in persons of phthisical habit.

Dropsy of Bacterial Origin.—Ham-burger (*Deut. med. Woch.*, October 19, 1893) first refers to the view advanced by him that the capillaries are not to be looked upon as a filter, but that they have also secreting properties. He details the examination of the fluid from the following case: A boy, aged 9, had been ill for three months with swelling of the abdomen, legs and genitals. The urine contained no albumen. The liver was enlarged. As the fluid rapidly accumulated after tapping the abdomen was incised. This latter procedure had had to be repeated as the fluid again collected. A specimen from this latter was examined. Thirty cubic centimetres of this filtered, turbid yellowish-green fluid were injected into the saphenous vein of a newly-born calf, and the discharge from the thoracic duct was noted to be increased. If the fluid were previously heated to 56° for two hours no such effect was obtained. Micrococci in pure culture were obtained from this fluid. Some clear and filtered ascitic fluid was heated up to 56°, and after cooling was inoculated with these micro-organisms. After filtration it was divided into two parts, one of which was heated up to 56°. The part not heated had marked lymphagogue properties, but the other had none. It was shown that when a culture of the living micrococci was injected into the blood stream the lymphagogue properties were more slowly developed than if their products were injected. During an experiment fluid was poured out from the nasal mucous membrane, and fluid also appeared in the abdomen, etc.,

the latter containing these micrococcus. Thus it was proved that the hydrops in the above-named case was due to the action of the products of this micro-organism. The author then gives the morphological and bacteriological properties of the micro-organism in question, which he calls *bacterium lymphogon*.

—*British Med. Jour.*

Dr. James E. Garretson says that no one who can eat fats ever dies of phthisis.

SURGERY.

New Operation for Radical Cure of Large Umbilical Hernia.—Gersuny (*Centralbl. f. Chir.*, No. 43, 1893) states that for the last two years it has been his practice after median laparotomy to bring the exposed margins of the recti muscles into immediate contact by sutures. In this way the yielding linea alba is eliminated at the seat of operation, and replaced by a continuous layer of contractile muscle. The good results obtained from this method have led the author to apply it in operations for the radical cure of umbilical hernia.

An Epidemic of Priapism.—Dr. Meynier, a French army surgeon, has recently published a curious bit of medical experience. A company of troops *en route*, having halted for some time at El Ha-caiba, the men were nearly all seized with priapism and prolonged and painful erections. Considering that an absence for some time from a garrison town might be the cause, the surgeon ordered light diet and flaxseed tea. The condition, however, became steadily worse. The erections continued throughout the company, and the men began to complain of great lassitude and dryness in the throat. Finally many had marked hemaeturia. Careful investigation disclosed the real cause of the trouble. During their leisure the men had been hunting frogs at a neighboring stream. The poplar and willow trees along the banks were found to be thickly covered with coleoptera of the family of cantharides meloe. Chilled in the early morning they fell by thousands into the water where they were

gladly and greedily devoured by the frogs—which latter gave similar pleasure to the soldiers. The taste of the flesh was in no way injured, but its effect upon the genito-urinary system of the soldiers was disastrous. The removal of frogs' legs from the bill of fare put an end to the curious epidemic in a few days.

—*Boston Med. and Surg. Jour.*

OBSTETRICS AND GYNECOLOGY.

Ectopic Gestation.—Cordier (*Journ. Amer. Med. Assoc.*, September 16th, 1893) operated successfully on this case in April, 1893. The patient, aged 24, and married, had never conceived. In August, 1891, she missed a period. In November, metrorrhagia occurred and lasted three weeks, with paroxysmal pains in the uterus. Decidual shreds passed, and the patient occasionally fainted. The breasts underwent characteristic changes in December. Fetal movements were first felt in that month; they continued till April, 1892. At that date false labor pains with watery discharge were observed. In December, 1892, the catamenia reappeared, and continued regular till after March 16th, 1893. On April 20th, abdominal section was performed, as a large tumor filled the lower part of the abdomen, reaching two inches above the umbilicus. A full-grown fetus was found in the right broad ligament, into the folds of which it had evidently escaped from the tube early in gestation and survived, developing to term. It was as well preserved as though it had been in a bottle in a well-kept museum. The liquor amnii had been absorbed; a small amount of meconium was found in the sac. No lime salts had been deposited either on the fetus or on its envelopes. The uterus was slightly enlarged and its left appendages sound. Up till June 1st, when the report was read at the meeting of the American Medical Association, the catamenia had not reappeared.

For the Relief of Sterility.—Bumm (*Deutsche Medicin Wochenschrift*, 1893, No. 41, p. 1003) has reported a case of sterility in which he afforded relief by massage of the entire uterus, particularly of the cornua, and of the mucous mem-

brane of the cervix, by means of the sound. He recommends the method in cases in which no profound pathologic change exists.

Plugging of Uterus in Post-partum Hemorrhage.—Siepen (*Deut. med. Woch.*, No. 21, 1893), delivered a woman of her twelfth child, using forceps, as pains had ceased for nine hours, and the head was arrested in the pelvis. Severe flooding followed, and did not cease after manual extraction of the placenta. The patient grew very anemic. Siepen introduced the left forefinger into the cervix, and holding a dressing forceps in the right hand he passed iodoform gauze into the uterine cavity. The vagina was plugged with wool. The flooding ceased. Both tampons were removed in twenty-four hours. The patient made a good recovery.

CHILDRENS' DISEASES.

Sudden Death from Pulmonary Hemorrhage in a Young Child.—Howard (*Archives of Pediatrics*, vol. x, No. 11, p. 940) has reported the case of a girl, two years and ten months old, with a good family history, who had been "delicate," but had escaped the usual diseases of childhood. Three days before death, examination disclosed the existence of condensation over the central portion of the left lung. There was some cough, fever, and dyspnea, but no expectoration, and the child seemed comfortable and continued to play in the open air. Death suddenly took place at night from pulmonary hemorrhage. Post-mortem examination disclosed the existence of primary caseous tuberculosis of the bronchial glands, with calcification, and secondary chronic tuberculosis pneumonia in the left lung, with cavity-formation. The hemorrhage had taken place from the rupture of a large vessel in the cavity in the lung.

Tuberculosis of the Intestines in Childhood.—A consideration of a number of cases of tuberculous ulceration of the intestine shows that the ulceration may be present in every part of the intestinal canal from the duodenum to the rectum, though probably the ileum and

the cecum are more often invaded by tubercle, as they are by enteric fever. But remarkably large ulcerations may take place in the rectum, and only a few weeks ago I saw in the *post-mortem* room of Guy's Hospital a large circular ulcer, having a diameter at least as large as that of a half-crown piece.

In a girl, aged twelve, who died at the Evelina Hospital of laryngeal phthisis, and suffered also from disease of the hip joint, the colon and rectum presented tuberculous ulcers ranging from the size of a sixpence to that of a five-shilling piece.

The pathological associations of tuberculous ulceration of the bowel are numerous, and occur in children with greater uniformity or equality. Thus tuberculous ulceration may be associated with tuberculous peritonitis, with caseation of the mesenteric glands, with general tuberculosis; with a purely local tuberculosis of the lungs, or ordinary phthisis. In this last case it is often secondary to pulmonary lesion, produced no doubt in the way so common in adults, namely, by the patient swallowing the sputa.

Wesener found that an injection of tuberculous sputa into the stomach failed to produce ulceration of the bowel, but the mesenteric glands were infected. Necessarily therefore, the gastric secretion spared something. On the other hand, injection of the sputa directly into the bowel caused intense tuberculosis of the gut. Wesener explains the facts by supposing that the gastric juice kills the bacilli, but leaves the spores unharmed. And he further states that the action of the gastric juice is paralyzed by alkalies and by milk, of which the curds surround the bacilli and thus convey them safe through to the bowel. That in ordinary cases of phthisis the intestine suffers so much is, he says, due to the catarrhal condition of the stomach interfering with the protective operation of the gastric juice. The view that the normal gastric juice destroys the bacilli but spares the spores is combated by Fischer; and, indeed it may be asked if the intestine is unprotected because the gastric juice is rendered inoperative upon the bacilli by mucus, why the stomach itself remains exempt in all but the very rarest of cases. It cannot surely be said

that no phthisical patient gets ulceration of the bowel till he takes to a milk diet.

British Med Journal.

New York City's Health Commissioner on Disinfectants.—Dr. Edson says Platt's Chlorides is the best. In an extended article on "Disinfection and Sanitary Precautions," in a recent number of *The Doctor of Hygiene*, Dr. Cyrus Edson, Health Commissioner of the Board of Health, New York City, gives very good advice relative to the proper safeguards to be employed in order that good health may be maintained and epidemic or contagious diseases avoided. His remarks, although designed for a period when there is fear of contagious disease, apply equally to the hot weather, when a neglect of sanitary precautions will result in what are known as "summer diseases."

Referring to the importance of thorough disinfection, and the employment of such chemicals as are best known, and to be relied upon as true germ killers, and after stating how to prepare and employ different crude materials, he adds: "In case these mixtures cannot be made for any reason, as for example, the trouble and bother involved, Platt's Chlorides is the safest and best of the specially prepared disinfecting solutions now on the market."

It is gratifying to us and undoubtedly to most of our readers to feel that this well-known and so universally employed disinfectant is thus endorsed by one of such high authority and of such great experience in matters of domestic sanitation. Platt's Chlorides is a clean, nice and unobjectionable preparation; a liquid without odor or color, cheap, powerful and deservedly popular, always ready to do its work thoroughly and well.

—*The Trained Nurse*, June, 1893.

An Old Friend.—In a series of interviews with members of the last Congress, 31 out of 43 remarked that they were readers of *The Youths' Companion*. For definite and trustworthy information on the questions of the day it is really unique, while the high character of its stories, the wide fields covered by its spe-

cial articles, and its contributions from the most famous writers in Europe and America, are well known.

Its programme for next year seems brighter than ever. Some of the important stories are: "The Deserter," by Harold Frederic; a Tale of the Great Mutiny in India, by Sara Jeannette Duncan; several Romances of the Sea, by W. Clark Russell; Tales of the War, and of the Frontier in Early Days. Henry M. Stanley contributes two thrilling narratives from Darkest Africa, and Archibald Forbes writes of his "Closest Call." Naval Battles are described by Admirals, and Military Life by Generals. Then there are articles on Choosing an Occupation, Boys Who Should Not Go to College, Physical Training, Recreations of all kinds, and many other practical subjects.

Monthly Report of N. Y. State Board of Health.

—The reported mortality for the month has decreased from a daily average of 311 to one of 290; in the corresponding month of last year about 100 more deaths occurred. The death rate for cities and large villages was 18.50 per 1,000 population, and of the rural parts of the State about 15.50, that of the entire State being about 18.00. The mortality in rural towns is much less than that of last month and less than it was a year ago. The decrease applies equally to all parts of the State. From the principal *Zymotic diseases*, except from *Diarrhæal diseases*, which caused 861 fewer deaths than in September, there has been an increase in mortality. The autumn increase in *typhoid fever*, which was low last month, is greater than usual, fifty more deaths occurring than last October; the increase has been in the Maritime and Western Districts. There were 185 more deaths from *diphtheria* than in September, and the increased prevalence over last year continues, being confined to the Southern and Central Districts; its prevalence is noted in Haverstraw, Tivoli, Sandy Hill, Moreau and Ilion. There is a slight increase in *scarlet fever*, but it is less prevalent than last year. *Measles* and *whooping cough* are decreasingly prevalent and cause but few deaths. *Small pox* is diminishing in New York and vicinity; a case of varioloid de-

veloped in Geneva early in November, the origin of which has not been satisfactorily determined. The temperature for the month was a little above the average of 52°; killing frosts occurred about the seventeenth. The rainfall was generally deficient, except as reported from the New York Station.

Fashionable Quackery.—Sir James Crichton Browne, in his address before the Sheffield Medical School, in alluding to medical ethics expressed the opinion that the present widespread patronage of quackery is a real humiliation to the medical profession. "It is patronized in high places, but the very hotbeds of it are our fashionable watering places and health resorts." Sir James declares "our learned clerics are most addicted to it—the skilled artisans the least"—and he thinks these clerics should "seriously reflect that in giving countenance to nostrums they exhibit a credulity and superstition that must seriously impair their usefulness in their sacred calling with all thoughtful men."

—*British Journal of Dental Science.*

A New Innovation in Medical Meetings.

—The Congress of Norwegian Physicians, which recently convened at Christiania, held its sessions on a steamer which moved from place to place, whereby the members were afforded fresh air and change of scene while pursuing their scientific work. One of the district societies of Michigan, some years since, adopted this same plan when meeting at cities and towns on the Great Lake chain. The example is worth following for mid-summer congresses and societies.

—*Medical Age.*

DR. LEO EGGER, OF VIENNA, ON AMERICAN MANUFACTURING PHARMACY.—The eagerness of Americans in general to learn what European travelers think of our land and its institutions, and their excessive sensitiveness to the severe criticisms of some distinguished foreigners in the past—Charles Dickens, for example—have long been regarded as constituting an amusing foible in the national character. The all-exaggerat-

ing humorist has not failed to seize upon this trait, and to make all manner of fun of the enterprising journalists who send their reporters out in tugs to greet the arriving celebrity and ascertain his "impressions of America" ere he puts foot on our soil.

Certain it is that an unusual interest attaches to the comments of intelligent Europeans, if made with proper care after ample and adequate opportunity for observation, reflection and comparison. Such interest is not found wanting in a recent contribution to the well known *Pharmaceutische Post*, by Dr. Leo Egger, of Vienna, on the subject of American pharmacy in general and, notably, the development of industrial pharmacy as typified in our most extensive manufactories. We quote briefly from Dr. Egger's report:

"It remains for me to speak briefly of individual manufacturing establishments. This journal has previously contained such detailed reports on Parke, Davis & Co., of Detroit, that I need add but a few words respecting the internal operation of these laboratories which stand alone in extent and perfection of equipment. The most outrageous pedant is forced to unqualified admiration when he sees the painstaking care and caution to ensure reliability, with which the colossal manufacturing operations are conducted, and with which every single pill, tablet, solution and extract is made actually and absolutely to contain what is claimed on the label. This is achieved by a remarkable system of graduated responsibility within the entire corps of officials, each superior being held accountable for the errors of his subordinates, should the real culprit not be detected.

"A visit to this factory shows that operations on a manufacturing scale are conducted at no sacrifice whatever of the accuracy and caution characteristic of our craft—on the contrary, that the extensive production renders possible a perfection in the preparations which would be inconceivable in work of lesser magnitude.

AMERICAN PROSTITUTION—No Frenchman travels in America without making a more or less attentive study of the

question of prostitution. The erotic feeling which dominates the life and literature and art of Paris makes the Parisian traveller feel that he must show some attention to the shady side of social life wherever he goes. So M. Marcel Baudouin, of Paris, after having shown to his countrymen that there was nothing of much interest in Chicago or the World's Fair, and after paying homage to the California Athletic Club, writes to *Le Progrès Medical* of "American Prostitution." He goes over the same old tales of the shameless openness of prostitution in our cities, of the lack of licensing and supervision, and ends with a very hard crack at New York, which he considers as "assuredly the most debauched city of the two Americas." Such a statement will hurt the feelings of Chicago more than it will those of New York, for, as we understand the situation, Chicago's greatest pride after the World's Fair, was in its immeasurable and unrivalled sinfulness. M. Baudouin adds the usual compliment of hypocrisy to our debauchery, and expresses in a general way his lament at the inferior condition of our public morals.

All this comes from a country in whose history is embalmed the infinite public rottenness of the Panama canal. We are sorry Mr. Baudouin did not stop in New York long enough to see the work of our hospitals and colleges, rather than spending his time in the night displays of the Tenderloin district.

—*N. Y. Med. Record.*

Patents.—The following list of patents granted for inventions relative to the medical and surgical instruments, is reported especially for the TIMES AND REGISTER, by Glascock & Co., patent attorneys, Washington, D. C., of whom printed copies can be had for 15 cents each.

November 28th, 1893. George G. Crosby, assignor to Electric Disinfectant Co., New York, N. Y., Disinfecting device.

Frederick A. Dietrich, Freeport, Ill., Inhaler.

Michael McNalley, St. Louis, Mo., Forceps.

Charles J. Pilling, Philadelphia, Pa., Hypodermic syringe.

William Scott, Medford, Mass., Standard for lavatories.

Expired November 28th, 1893. F. A. Stohlmann, Surgical saw.

December 5th, 1893. H. Hobbs, Milwaukee, Wis., Extensible dental engine bracket.

O. H. Pieper, San Jose, Cal., Electric apparatus for operating dental implements.

H. I. Blits, New York, N. Y., Hygienic vapor and hot air renovator.

E. Boeckmann, St. Paul, Minn., Sterilizer for surgical dressings.

Expired December 5th, 1893. 185-085, R. B. Donalson, Dental plugger.

Prescriptions

WHOOPIING COUGH.

R Pulvis belladonna radicis . . . 0.01 gram
Pulvis ipecac, et opii . . . 0.03 "
Sulphuris 0.50 "
Sacchari albi 0.50 "

Mix. For one dose, Sig. 2 to 10 a day according to age and effects.

—G. See.

R Thymolis 1.20 gram
Acidi carbolici 15 "
Olei sassafrasæ
Eucalypti
Picis liquidæ 7.50 "
Olei cereumthinæ
Etheris 4. "
Spt. vini rectificati 90 "

Sig.—Use by inhalation, by placing 30 drops on a napkin fastened around child's neck every two or three hours.

G. See

R Acidi carbolici 0.15 gram
Potassii bromidi 3. "
Tinctura belladonna 1.20 "
Glycerini 12. "
Aquæ 60. "

Sig.—Eight to ten grammes for child from three to four years.

G. See

R Antipyrin
Resorcin 0.75 gram
Acidi hydrochlorici 0.60 "
Syrupi simplicis 30. "
Aquæ 105. "

R Resorcini } 0.75 gram
Antipyrini }
Syrupi simplicis 30. "
Syrupi acaciae 105. "

Sig.—From three to five dessertspoonsfuls each day. Average duration under this treatment is twelve days.

—Galragne

REMEDY FOR WARTS.

R Salicylic acid 1 part
Lactic acid 1 part
Collodion 2 parts

M. Sig.—Applied twice a day.

Elaborate Preparation.—A candidate for registration at a recent meeting of the Massachusetts Pharmacy Board was required to remove his cuffs, which were found inscribed with answers to 74 questions which the previous experience of the candidate led him to expect would be asked him. The answers embraced 26 affecting specific gravity, 30 on solubility and 18 on strength percentages. This was the sixth attempt of this candidate to pass examination, but in spite of the elaborate preparation it resulted in failure.—*Pharmaceut Era*

FLAVELL'S SUSPENSORY BANDAGES AT ALL DRUGGISTS.

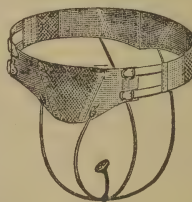


Fig. 4.

FLAVELL'S

IMPROVED

**UTERINE
SUPPORTER.**

Price to Physicians,
\$2.00

No Leather to become hard or stain the Linen. Made of Silk Elastic with Sateen Jean Trimmings.

Never fails to give perfect satisfaction, even in the most difficult cases where any instrument can be used.

DIRECTIONS FOR ORDERING.—Give Circumference of Abdomen two inches below navel, and state if for Prolapsus, Anteversion or Retroversion.

ABDOMINAL SUPPORTERS.

Directions for Measurement:



Fig. 1.

Give exact circumference of body at K, L, M.

—M Price to Physicians
—L Silk Elastic \$2.75
—K Thread Elastic 2.00

Never fails to give perfect satisfaction, and is very comfortable to the patient.

It is indispensable for women during pregnancy and after confinement, as it prevents those bearing down pains which are experienced during gestation. Goods sent by Mail upon receipt of price, or by Express C. O. D., charges for returning money added.

G. W. FLAVELL & BRO.,
1005 SPRING GARDEN STREET,
PHILADELPHIA, PA.

SEND FOR PRICE LIST OF ELASTIC STOCKINGS.

The Times and Register.

Vol. XXVI. No. 51. PHILADELPHIA, DECEMBER 23, 1893. Whole No. 798.

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GASTROSTOMY BY WITZEL'S METHOD FOR PRIMARY CANCER OF THE OESOPHAGUS*

By WILLIAM W. KEEN, M.D.
OF PHILADELPHIA, PA.

THE patient, S. S., aged forty-eight, occupation puddler in rolling mills, was admitted to the Jefferson hospital July 31, 1893, at the request of Dr. A. G. Miner, of Niles, Ohio. His father died of asthma, his mother of cancer of the breast. He has always had good health with the exception of an occasional brief attack of rheumatism. For the past thirteen months he has experienced trouble in swallowing; seven months ago he could swallow solid food without much discomfort, but now can swallow nothing but liquids. He states that the constriction came on gradually and that he noticed from time to time the lessening of the calibre of his oesophagus. When he takes nourishment he feels first an impediment to the pas-

sage at a point corresponding to the sterno-clavicular articulation; then the food passes with comparative ease until it reaches a point which corresponds to half an inch above the lower end of the ensiform appendix. Here he says he can feel a distinct obstruction, and while the food is passing this point he experiences pain in the median line posteriorly, under the inferior angles of both scapulæ (more severe under the left) in the epigastric region, though slight, and in the precordial region. The pain is darting in character.

During the past four months he has had slight attacks of hematemesis. On July 27, 1893, he lost considerable blood, enough to make him faint, but he attributes this to the introduction of an oesophageal bougie. He had had gradually increasing emaciation, and has lost forty-nine pounds in the last thirteen months, his weight in June, 1892, being 168 pounds, and in July, 1893, 119 pounds. During the last ten weeks he has had oesophageal bougies passed twice a week. On the 31st of July I passed a No. 3 rectal bougie through the stricture.

He has never swallowed any corrosive

*Read before the Philadelphia County Surgical Society, Nov. 1893.

fluids, and has had no traumatism. He does not indulge in alcoholic stimulants stronger than beer, and limits this to two or three glasses a day. He denies all history of syphilis. His appetite is impaired, tongue coated and bowels constipated. The urine is negative.

There was a resistance in passing the cesophageal bougie (circumference 4.2 centimetres) at ten and a half inches from the teeth, and at twelve inches the bougie would not pass.

Operation, August 2, 1893. An incision four inches long was made, beginning at the middle line and running to the left, a finger's breadth below the border of the ribs. The muscular fibres of the rectus were separated by the fingers and not divided. The liver was seen as soon as the peritoneal cavity was opened. Two fingers thrust in, however, very readily seized the stomach. This was brought forward and outside the wound, the margins being packed with gauze. A rubber tube, five inches in length (Size 25, Fr. catheter scale), was introduced into the stomach and infolded by two rows of Lembert sutures, after Witzel's method. The opening in the stomach was made toward the cardiac extremity and the tube lay parallel to the external wound, its external end emerging near the median line. Three stitches were now inserted into the walls of the stomach but not tied before it was returned to the abdomen, their needles being left threaded. As soon as the stomach was returned these needles were thrust through the abdominal wall and the stomach brought up to the margin of the opening. The tube was retained in place by a catgut stitch passed through the wall of the stomach and through a part of the wall of the tube so as not to open its calibre. About one inch of the tube was thrust into the stomach. The edges of the abdominal opening were now sutured by silkworm-gut and the ordinary dressing applied. A clip was placed on the tube to prevent the escape of the contents of the stomach.

September 28, 1893. The patient made an excellent recovery, without incident, excepting in one respect. On the second day after the operation the dressing became twisted in his movements in bed, and the tube was pulled out of the

stomach. In order to replace it I was obliged to cut three stitches in the external wound. When the tube had been replaced these stitches were reinserted. Apparently, however, such adhesion had formed that no harm was done by this accident excepting to delay the closure of the wound.

By the middle of September he began to expectorate some bloody mucus, presumably coming from the ulceration of the carcinoma in the cesophagus. He has gained about four pounds in weight, however, since the operation. For some weeks he has been unable to swallow even a mouthful of water. What nutritive gain there is from feeding, I presume has been almost counteracted by the progress of the disease. Immediately after the operation he was fed for two days by rectal enemata. Then I began with small amounts of milk, poured into the stomach through the tube. This feeding has been gradually increased, until at the present time his daily food may be summarized about as follows: Milk, two quarts; beef, mutton and chicken broth, each about twenty ounces; and a dozen eggs. This is varied by substituting gruel, thin custard and other similar food. He is walking about with much comfort. The tube is held in place by a gauze dressing, which in turn is retained by rubber adhesive plaster on each side. This is laced through eyelet holes. No escape of the gastric contents has taken place alongside of the tube.

November 1, 1893. The patient is still doing well three months after the operation. There is absolutely no leakage whatever.

Greig Smith states that the operation of gastrostomy was first proposed by Egebert, a Norwegian surgeon in 1837, received its name from Sedillot, in 1846, but had a very unsatisfactory history and development until the time of Sidney Jones, of St. Thomas' Hospital, London, in 1874. Since then it has made rapid progress in favor in the profession, and a variety of different methods of its performance have been devised, until now its technique is presumably so satisfactory that but little improvement can be made upon it. The conditions which demand the operation are, of course, any cause which prevents the introduction of ali-

ment into the stomach by the mouth, for instance, stricture of œsophagus from any reason whether by cancer, cicatricial constrictions from caustics, etc., occasionally from the pressure of extra-œsophageal growths, or from malignant disease in the mouth or pharynx. Whitehead¹ has reported a case in which gastrostomy was done on account of obstruction due to a diverticulum.

There are practically five methods by which gastrostomy is done.

(1) The method originally proposed by Egebert, and modified in its details by Fenger and Howse.² In this an abdominal incision is made parallel with the border of the ribs, and the stomach is attached by sutures to the abdominal wall. Two sutures are placed in the wall of the stomach in order later to identify the exact position for puncture (Bryant), and the stomach is not opened until the third or fourth day. This method has given rise to so much trouble, however, especially from leakage, that various devices have been employed for the purpose of preventing this annoyance, which, in consequence of the irritation from the escaping gastric juice caused wide-spread eczema or even ulceration. Handford³ notices, for instance, "a hernia-like protrusion of the mucous membrane of the stomach from the fistulous opening, forming a red, mushroom-shaped, insensitive mass, nearly two inches in diameter. This was easily replaced, but led to constant leakage of the stomach contents." Moreover, it is very important to observe that in Whitehead's case, above alluded to, the post-mortem showed that the adhesions of the stomach to the abdominal wall had so loosened by traction that they were very slight indeed when the patient died, six months and a half after the operation. Hence, the importance of secure suturing, of the stomach to the abdominal wall, as I believe I have obtained in my own case by suturing the stomach to the abdominal wall.

(2) The method of Von Hacker. This operator proposed to use the belly of the rectus muscle as a sphincter. In

the first method of operating the fibres of this muscle are divided by a transverse incision. Von Hacker proposed to make a vertical incision and a blunt dissection of the belly of the muscle, hoping that the rectus fibres would thus act as a sphincter. Girard⁵ modified this by crossing the fibres of the muscle so as to form a more efficient sphincter. Von Hacker himself has been obliged to use the Scheimpflug cannula in order to prevent leakage.

(3) The method of Hahn.⁶ In this a return is made to the original transverse incision, but a second incision is made in the eighth intercostal space. The stomach is drawn through this space, and fastened there between the cartilages. In addition to the danger of possibly opening the chest, necrosis of the cartilages has taken place, although Hahn affirms that there is no danger either to the diaphragm or the pleura. He believed that the cartilages of the ribs acted like a sphincter or stopcock.

(4) The method of Witzel.⁷ In this method the abdominal cavity is opened, the stomach drawn out, and a moderate-sized rubber tube is inserted into the stomach toward the cardiac extremity, through as small an opening as will admit it. The gastric end is then buried for about two inches by two rows of ordinary Lembert, or Cushing right-angled sutures. The free end of the tube is then brought out through the abdominal wound, and is either fastened there, or possibly after a time may be removed and inserted as needed.⁸ The great advantage of this operation is the ureter-like, oblique entrance of the tube into the stomach; and, as is shown by the post-mortem examination in one of Meyer's cases,⁹ the result is a nipple-like protuberance into the calibre of the stomach, which will prevent effectually the escape of any fluids.

This seems to me to be by far the best method yet devised, as it is simple, moderately rapid, and above all, as in

¹ Lancet, 1891, i, p. 11.

² Heath's Dist. of Surg., p. 590.

³ Lancet, 1891, ii, 988.

⁴ Wein. Med. Woch., 1886, Vol. xxxvi, 1073-1110, and Wien. klin. Woch., 1890, 693.

⁵ Corresp. bl. f. Schw. Aertze, 1888, No. ii.

⁶ Centralbl. f. Chir., 1890, 193.

⁷ Centralbl. f. Chir., 1891, 601.

⁸ I have thus tried to remove the tube temporarily in my patient but had to abandon it from the difficulty of its reintroduction.

⁹ Annals of Surgery, 1893, vol. xvii, 595.

the present case as well as a few others in which the operation has been done, it is effectual in preventing any leakage.

I did not immediately begin feeding the patient through the tube, as I deemed it safer, the patient being in very fair physical condition, to nourish him for a couple days by rectal enemata. I did, however, introduce an ounce of milk into the stomach the moment the tube was inserted, in order to make sure that perforation of the mucous membrane, as well as the muscular wall, had been effected. I think it likely that in another case, with the courage born of experience, I should be disposed to nourish the patient by small amounts through the tube immediately after the operation. I wished to try with this patient a method which has been used by others, the effect of his chewing meat which had been previously finely hashed, and then washed it into the stomach through the funnel. This gives the patient the satisfaction of mastication and of taste, and at the same time mixes the saliva with the food before its introduction into the stomach. Although not a man of especially sensitive nature, the idea of doing this seemed to disgust the patient so much that he was not willing to attempt it. The result, however, shows that he has received sufficient nourishment to gain somewhat in weight. Whether his constant hunger, in spite of the nourishment taken, is due to the want of satisfaction of his sense of taste, I do not know.

(5) Frank¹⁰ has reported still another method practiced in the clinic of Albert, in Vienna. After making the abdominal incision parallel with the costal cartilages, a narrow fold of the interior wall of the stomach is drawn out of this wound. A second incision is next made through the skin, half an inch above the first and over the costal cartilages. After separating the skin from the underlying parts, the fold of the stomach wall is drawn out, first through the abdominal wall, then under the skin, and, finally, through the second opening, and is fixed there, the mucous membrane being stitched to the skin. Whether experience will show this to be more valuable and more easily done than the method of Witzel cannot yet be determined. It is said that no

leakage occurs. Of course, as pointed out by the author, it would not be advisable in cicatricial stricture of the œsophagus, because the fistula could not easily be closed, should it be desired to do this at any time.

It is interesting to note that Zweifel,¹¹ of Leipzig, has used the same process as Witzel in making an artificial urethra. This idea was suggested by Witzel in his paper. In a case of carcinoma of the urethra in a woman, Zweifel extirpated the entire urethra and part of the bladder, closed the latter viscus, and then by a supra-pubic cystotomy make an artificial urethra after Witzel's method.

The mortality of the operation was last collectively investigated by the late Samuel W. Gross.¹² At that time Gross collected 207 gastrostomies, with sixty-one deaths, a mortality of 29.47 per cent., with a prolongation of life, on an average, at the date of the last reports, of eighty-three days.

Comparing gastrostomy with other procedures, there were thirty-two cases of œsophagostomy, with nineteen deaths; a mortality of 59.37, and a mean duration of life of fifty-two days. Nineteen internal œsophagostomy, with six deaths, or a mortality of 31.57, and an average prolongation of life of 256 days. Five combined œsophagotomies have resulted in two deaths, a mortality of 40 per cent., and a mean duration of life of 168 days. Five œsophagectomies gave three deaths, a mortality of 60 per cent., and a mean duration of life of fifty days. Three retrograde divulsions all resulted in recovery, with a mean duration of life of fifty days. Three retrograde divulsions all resulted in recovery, with a mean duration of life of twenty-two days.

In the case of Handford, already alluded to, some very interesting physiological experiments were made. He introduced a small rubber tube attached to a female catheter into the stomach, and connecting it with a Marey's registering tambour and clock work revolving drum, he found the respiratory and cardiac curves well marked, but absolute absence of any peristalsis. This he accounted for by the adhesion of the stomach to the abdominal wall. Yet digestion was effi-

¹¹Centralbl., f. Chir., 1893, 785.

¹²Trans. of the Amer. Surg. Assoc. II, 1885.

¹⁰Wein. klin. Woch., 1893, No. 15.

ciently performed, probably due to the replacement of this motion by the movement produced by the heart and diaphragm. He observes also that "the rapid introduction of large quantities of food into the stomach, the absence of pleasure in eating and the normal perception of flavors are not incompatible with very perfect digestion and active nutrition." Fine division of the food determined its rapid and easy digestion. Lactic acid was found as early as half an hour after eating. Hydrochloric acid was absent until as late as two hours after the meal.

THE TREATMENT OF ACUTE PNEUMONIA WITH ICE AND SUPPORTING MEASURES.

By THOMAS J. MAYES, A. M., M. D.,
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ACUTE pneumonia is a disease which we all well recognize. Its symptoms and physical signs, its course and duration, are constant and characteristic; yet, strange to say, its treatment is as variable and vacillating as its death roll is long and appalling. In the city of Philadelphia alone fifteen hundred lives are annually sacrificed to this disease. Is this frightful mortality inevitable, or is there a way to escape it? I believe that it can be materially lessened, but before this can be done we must realize the shortcomings and the mischievous tendencies of professional thought on this subject at the present day. I believe that want of uniformity in the therapeutics of this disease is partly traceable to the prevailing but mistaken theory that pneumonia, like measles and small-pox, is a self-limited disease, and therefore beyond the touch of successful active medication. Then again, the general skepticism of this age has invaded the field of therapeutics and has cast a gloom of doubt on the remedial effects of the long-honored articles of our *materia medica*. Both of these tendencies in connection with the fact, which has been shown over and over again, that the practical results of the let-alone treatment of pneumonia are superior to those which are obtained when the disease receives the active routine treatment of days gone by, have

brought the therapeutic art into undeserved discredit, and have sown broadcast a belief that the less active the treatment is to which pneumonia is subjected the better it is for the patient. In accordance with this view the disease pursues its natural course in spite of any treatment, and all that can be done is to stand by and watch and treat any incidental danger which may develop.

What ground is there, then, for believing that the pneumonic process is self-limited, and that the therapeutic art is powerless in making a local impression on it? So far as I can see, there is no more reason for regarding pneumonia as self-limited than there is for considering any other ordinary acute disease in the same light. All diseases of this kind are limited in duration, but there is no inherent limitation, in the same sense, as there is in smallpox and measles. Let us say pneumonia suddenly attacks a single lobe of a lung, and in the course of three or four days it suddenly ends in crisis, and every vestige of the disease disappears. Its sudden onset and termination in many instances lead us to infer that pneumonia is due to the absorption and explosion of a specific poison which exhausts its energy in a few days, and to see an analogy between its behavior and that of smallpox. On the other hand let us suppose another case of pneumonia involving the same lobe of the lung. In about three days the temperature drops to within a degree of the normal line, and a favorable termination is looked for, but instead of this, the temperature rises higher, and on physical examination it is now found that the whole of the adjoining lobe is implicated in the process. A similar succession of events may take place in case another lobe or part of a lobe becomes involved. These phenomena are familiar to every practitioner, and yet can anyone say that this is definite proof of the self-limitation of pneumonia? Has anyone ever heard of smallpox or measles attacking the body by piecemeal, first invading one area, then another, and so on? Is it not more probable that the duration of the pneumonic process is chiefly governed by the length of time which it naturally takes for the fibrinous exudation to undergo fatty degeneration? and that when the fibrinous deposit occurs successively in

*Read before the Philadelphia County Medical Society, October 25th, 1893.

in different lung areas the disease will be more protracted on this account than if it confines itself to the area which became primarily involved.

Moreover it is my firm conviction that the prevailing impression that the pneumonic process cannot be controlled or restrained by means of active medication rests on an equally insecure foundation. I am not rash enough, however, to assume that any form of treatment can be devised which will always insure against death from pneumonia, but from recent experience I believe that a mortality of twenty per cent., which is the usual death-rate, is too high, and that this may be materially reduced. I also firmly believe that this reduction in the mortality cannot be brought about exclusively through internal medication, feeding, or stimulation, valuable as these measures are. The profession fully realizes the vital importance of sustaining the strength of the patient throughout this disease, and practically this part of the treatment is carried out with very desirable results. Far above the efficacy of all these measures, however, stands ice, or ice-cold water—the local application of which has the undoubted power of subduing and of circumventing the inflammatory process in the lung.

I base this favorable opinion on the results which were brought out in my collective report on "Ice in the Treatment of Acute Pneumonia," which was published in the *Medical News* of June 24, 1893. This paper consists of the condensed histories of fifty cases which were treated locally with ice or cold applications, and which were reported to me by professional friends, or were collected from the literature on the subject, or came under my personal observation. Out of the entire number, two died, making a death-rate of 4 per cent. Additionally I refer to one hundred and six other cases of pneumonia treated in the same way by Dr. Fieandt, a physician of Finland, who had a mortality only of 2.82 per cent—giving us a death-rate among all of these cases of 3.2 per cent. Moreover, since the appearance of my paper I have succeed in securing a number of other reports of cases thus treated, which continue to maintain the favorable impression made by the ice treatment in

the first report, and which I hope to include in a future contribution on this interesting problem.

Aside from the fact that both of the cases which died among those reported in my list were suffering from probably incurable diseases when they were smitten with pneumonia, and were, perhaps, on this account not the most impartial test for any new remedy, it is quite evident that the total showing is still better than appears on the surface. Great weight must, I think, be laid on the fact that these cases emanate from fourteen independent observers, half of which number report only one case each. This excludes largely the existence of a personal factor—an attribute and a power which grows out of accumulated knowledge and experience and gives its possessor a certain advantage over those less equipped in this direction, and goes far to demonstrate that the curative effects of ice applications do not depend on any very special artistic skill of the medical attendant.

I am often asked whether ice is as efficacious in catarrhal as it is in croupous pneumonia. On theoretic grounds one would be led to believe that it is of greater service in the latter than in the former variety, because the whole inflammatory process is more ephemeral and entails less organic change on the lungs in that form. While my first cases in which the ice was used were exclusively those of the croupous variety, my later experience has taught me that this measure has a similar beneficial effect in catarrhal pneumonia, provided it is pursuing an acute course. This is fully demonstrated by a number of the cases contained in my report, notably by some of the cases which were treated by Dr. Lees, and also by the one reported by Dr. Franklin. Indeed, I believe it is impossible sometimes to discriminate between croupous and catarrhal pneumonia during life when the latter pursues an acute course, and especially when it takes place in infants or small children.

In what special manner should the ice be employed? For want of a better method, the front, side, and back of the affected area are surrounded with bags filled with ice and wrapped in towels. The number of bags which are needed depends on the size of the area which is

involved. If this is small only one or two bags are necessary, but in cases where an extensive area is affected I have applied as many as six and seven, which suffice to cover the whole chest. They are allowed to remain until the temperature becomes nearly normal. Very often it is found that the application of the ice to an affected spot is immediately followed by a marked lowering of the temperature, and improvement in the physical signs in the part. In a very short time, and perhaps in the midst of this amelioration, the temperature rises again, and the patient feels less comfortable than before. Further examination shows that the disease has invaded a new and probably an adjoining territory. Removal of the ice-bags to the fresh spot, or the application of new ones, will again be followed by improvement. This creeping feature of pneumonia must always be borne in mind, and followed up until it ceases.

One difficulty in the use of the ice-bags is to keep them constantly applied to the chest in restless patients, and this has led me to look into the feasibility of making a hollow tin jacket, which adapts itself to the chest, and through which a constant current of ice cold water may be passed. Such an apparatus I have in contemplation, and when it is perfected I think it will add much to the effectiveness of the application, and will also be a greater convenience to the patient.

The subject of diet demands the most serious consideration of the practitioner, whose aim should be to administer food of the most nourishing character and in the most concentrated and digestible form. In other words he should strive to give the stomach as little work to do as possible, and at the same time maintain the nutrition of the patient at the highest point. For this reason two ounces of fresh beef-juice pressed out of round steak should be given alternately every hour and a half or two hours, with eight tablespoonfuls of milk, one of whisky, and one of lime-water. Beef-powder, and nutrient wine of beef-peptone may also be given.

So far as internal medication is concerned, I would say that strychnine stands first in this respect and should be given unstintedly. Adults should receive $\frac{1}{25}$ or of a grain twice a day hypoder-

matically, and $\frac{1}{25}$ of a grain by the mouth every four hours, until there is a manifestation of toxic symptoms, such as increase of the reflexes, especially of the lower extremities. A quarter of a grain of morphine is to be given subcutaneously in the evening to produce sleep. An ice-bag to the head will also help to allay cerebral excitability and restore quiet. Evacuation of the bowels should be secured by the administration of small doses of calomel and sodium bicarbonate.

When cyanosis and difficult respiration become very marked inhalation of oxygen must be employed. The patient may inhale the gas out of an ordinary-sized rubber gas bag through a suitable mouth-piece which is attached to it. The amount of oxygen which must be given in a case is entirely dependent on the severity of the symptoms, but is a good rule to push it until the lips and finger-nails assume a more healthy appearance, and the breathing becomes less oppressed, and to give it as often as it is necessary to suppress these symptoms.

Now when we compare the results of the ice treatment of pneumonia with those which are obtained from the prevailing treatment, it will show very much in favor of the former mode of treatment. Thus the mortality of 1210 cases in the Montreal General Hospital was 20 per cent.; while the Charity Hospital, of New Orleans, it was 20.01 per cent. From 1822 to 1889 the mortality from pneumonia in the Massachusetts General Hospital was 25 per cent. Dr. Harts-horne estimates that the death-rate from this disease in the Pennsylvania Hospital, this city, was about 31 per cent. during the years of 1884, 1885, and 1886. A comparison of this mortality-rate with that which has been derived from the treatment advocated in the present paper, shows that the latter produces results which are at least 75 per cent. better than those which are obtained when the cold applications are not employed. I know that the number of my cases is rather small to draw such promising deductions, but from my experience since they were published I am encouraged to believe that this form of treatment will not only maintain its excellent reputation, but will grow in increased favor on closer acquaintance.

Lecture.

THE PHILOSOPHY OF MAN.

By JAMES E. GARRETSON, A. M., M. D.

(Continued from last number.)

I, on the other hand, is not the Creative power, else would consciousness of fullness or completeness reside with it. Ego recognizes itself as no designer of environments incomprehensible to itself. Ego perceives that it can say nothing of things as to what their reality may be, for the reason that it knows nothing of things apart from the manner in which things present themselves to Consciousness. All that it can say, or possibly know, is that a Thing is to Its use what to the sense that uses It it seems to be.

I is the ground of Certitude. Here is foundation. I is identical with Self. The concerns of a man are with what constitutes the circle of his relations; and with nothing else. The proper study of man is man. In man is all that belongs to man and with which man belongs.

User is to be appreciated as separable from instrument; here is the first and chief matter.

The demonstration, or analysis, of a brain is never so simply, and at the same time so comprehensively, made as when an anatomist commences by drawing on a blackboard a central lobe expressive of the part known as the quadrate body. This body is a square mass situated in the centre of the nervous system, and when looked at poetically impresses as serving as dais or support to a mysterious arcanum resting upon it. This mysterious arcanum is the Pineal gland; the seat, as maintained by the ancients, of the Soul. Surrounding this Pineal gland on every side is what is known as the Cortical, or gray, material of the brain. This gray material is purely instrument subservient to the requirements and demands of a user. It is in every sense and manner, except as its superior capabilities and ramifications deny comparison, what the evolving or force-making means of a telegrapher are. This gray material, forming what are known as the convolutions of the brain, is to be drawn somewhat distantly, about four inches,

around the gland. A succeeding diagram is to exhibit a countless number of cords which led from this battery, directly or indirectly, to all the avenues of the body at large, and, by means of special cords, known as special nerves, to the organs of sight, touch, hearing, smell, and taste; leading to and relating with things known as external; to and with everything, to and with every place, with which an I has to do.

A still succeeding drawing is to show in connection with the lines of these different cords a series of what are known as ganglia are lesser brains, or batteries, the office of which is to localize and to intensify office or meaning.

The ganglia are to find another analogy in the inferior office of a telegraphic system. An inferior office receives from a main office and transmits what is received; an inferior may receive and respond without other than a general relation with its main office. Ego is served not alone by one, but by hundred brains; so too is a telegraphic system served not alone by one, but by hundreds of batteries.

A final drawing is to show the wonderful fact that the Pineal gland is related by means of two reins which pass out from its insided with every measurable space or point of the nervous system that has been described. An occupant, seated in the arcanum of the Pineal gland, could remain in eternal fixity, yet see, taste, smell, feel and touch the universal.

In place of saying with the ancients that the Pineal gland is the seat of the soul, let us say that here is the seat of the Ego; or shall we say that Ego is one with Aura, and that its residence is with atoms, as these exist for the time as environment? It is certainly immaterial as to which may be said, as assuredly nothing is known about the manner of relation. There is relation, however, relation as undeniable, as certain, as self-demonstrating, as relation existing between any instrument and its user.

The I, Ego, Self, differentiates and distinguishes itself. I is itself. It is nothing else than itself.

Can men see the Ego? No mother has ever, with the common eye, seen her child, nor has wife after a like manner seen her husband, nor has sister seen a

brother.* Ordinary acquaintance with an Ego is alone through what it exhibits itself to be in the acts of its environment; these acts showing whether it is cultured or uncultured, of high or low degree, good or bad. Here, however, we are not to overlook character and temperament environment. A great composer cannot express great conceptions through a corn-stalk fiddle. A massive architect cannot construct out of fragments of stone and sticks. A musician can write no notes if means for writing be lacking. A poet mixes his metaphors if sense be wanting for grammar. Ego may see alone through eyes, hear alone through ears, smell alone through nose, taste alone through tongue, touch alone through skin. There is however, a something else just here, a very great something else; men see visions when the eyes are shut, a Beethoven hears while deaf, sensitives behold when in a trance. Here is the meaning of Senses back of Senses. Simple illustration lies with nightly dreams. Ego in turn, as suggested, is to be known alone through its manifestations. Charity judges never of Ego in disassociation from environment. An Ego is not to be esteemed ugly by reason of having between it and the looker a noseless or a pock-marked face. Ego is not to be called mannerless where by reason of absence of seeing eyes it gives not place on a public highway. When a man is insane, where is the defect, with Ego or instrument? Can a player play on a broken flute?

How stupendous is greatness lying with comprehensible? During the period of the Middle Ages, when such disputants as William of Champeaux and Abelard discussed scholastic questions in the Sorbonne, one which arrayed scholar against scholar was this: "How many angels can stand on the point of a needle?" This question, ridiculous to any one untrained in analysis, is seen by the cultured to express difference between ordinary materialized Ego and Ego considered as the pure I; the first being weighable by scales, the other unseeable, intangible. The question is not a wit more out of the order of things as

*The language here is of a purely physical import, and considers the every-day relation of things; it has a wholly objective signification.

they exist than if the discussion had considered the possible standing room to be found upon the roof of a house for men in ordinary environment.

Environment, and character of environment, are accident, otherwise they are something that nobody knows anything about. Here beauty and here truth to be found with Pythagoras.

"Death has no power the immortal part to slay;
That, when its present body turns to clay,
Seeks a fresh home, and with unminished might
Inspires another frame with life and light."

Compensation certainly exists. The God is no respecter of persons.

When, as it will be remembered, Socrates was about to drink the fatal hemlock, Crito, his friend, asked him how he would like to be buried. The reply is akin with the verse of Pythagoras: "If only you can catch me, Crito, bury me as you please.

A funeral made up of pomp and parade is quite as senseless a performance as though the burial casket held a suit of old clothes; in truth it holds nothing different; — "body is but a mingling and then a separating of the mingled, which are called a life and a death by ignorant mortals." Mingling and separating, otherwise death and resurrection, are continuous acts.

The Ego put forth by Des Cartes as the foundational truth or promise, as undeniable and indisputable Certitude, is foundation, and there is not, nor can there be, any other. This foundation rests with the absolute in analysis; it is Ultimate reached through a process of Exclusion, where neither datum nor data can be lacking. More than this, it is self-asserting Apriori, and thus is outside of the pale of any necessity for proof. Here is the origin of the verse of Euripides, although the Greek never heard of the philosopher.

"Who now can tell whether to live may not
Be properly to die? And whether that
Which men do call to die, may not in truth
Be but the entrance into real life?"

Not Cæsar, but Cæsar's body it is, that in turn passes from the environment of any emperor to ignoble service. I illustrate this to myself, if illustration be necessary, by throwing amongst coals which burn by the side of the desk at which I write pieces of scarfskin picked out of my palms, together with cuttings

from nails and strands plucked from scalp and beard. These parts of my body fizzle and scorch and blaze and disappear; I remain. I shall have no funeral over the ashes of the grate. On the morrow, when these ashes shall have been carried away, the I will be without concern as to whether the depositing place is a bright, sunny hill-side or a slum reeking with filth and vileness.

What as to things which go without one knowing of the going? What as to things which come without one knowing of the coming? Difference is certainly no difference at all!

In an Unpanishad, a sacred book of the East, well studied by philosophers, it is recorded that Indra Maghavat lived one hundred and five years as a pupil with Pragapati. The conclusion reached after all these years of study is little different from the premises of Cartesianism, and nothing at all different from the convictions of Platonism. The words of the master are as follows: "Maghavat, this body is mortal and always held by death. It is the abode of that Self which is immortal and without body. When in the body (by thinking this body is I and I am this body) the Self is held by pleasure and pain. But when he is free of the body (when he knows himself different from the body), then neither pleasure nor pain touches him."

— But how does Ego get into body? or how does body get around Ego?

After so simple a fashion as lies with the demonstrations of physiology I may say how environment once existing is maintained even though, as with Maghavat, thirteen bodies have been used and cast during his century of pupilage. From circumference of Pineal gland to circumference of body at large, parts are, in composition, as series of molecules. As any one of these molecules leaves its place by diminution another occupies it through augmentation, hence Form continues filled; waste and repair are the words of physiology, and here is the meaning of the emptying and filling of market-baskets.

But as to origin of Ego?

Everything that is known, *or that can be known, or that needs to be known* of Ego shows itself in the mirror that is a man's own Self. Our proposition is, as

certainly must be clearly understood, that Ego knows itself, as it finds itself, fully, undeniably, perfectly. Nothing not recognized in the mirror of Self is of the slightest possible concern or account. If Matter be not seen by Ego Essence, matter as Essence is of no relation with it. If God be not seen by Ego, save as Creative power, recognition of God as Creative power in all that concerns it.

(To be continued in next number.)

Society Notes.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Sixth Annual Meeting, New Orleans, La., November 14, 15 and 16, 1893.

AFTER the Association convened at the Medical Department of Tulane University and was called to order by the President, Dr. Bedford Brown of Alexandria, Va., the usual opening exercises and announcements were followed by the first paper from Dr. Howard A. Kelly of Baltimore. His subject was diagnosis of pelvic inflammatory diseases: He called attention to certain common sources of error in making diagnoses of pelvic inflammation. Such symptoms as dysmenorrhea, more or less persistent pain in the pelvis, attacks of pain confining the patient to bed, diagnosed as peritonitis, difficult locomotion, cachexia (due to morphia habit) tenderness on pressure over ovarian region and extreme tenderness at the vault in vaginal examination, frequently characterize a false or pseudo-pelvic peritonitis and lead the general practitioner and specialist to reach an erroneous conclusion. In order to make a true diagnosis the inflamed structure must be directly examined by touch. This is made by the vagina and the lower abdominal wall; through an empty rectum the hard resisting masses which indicate definitely pelvic inflammatory disease can be distinctly felt. When the ovaries and tubes are enclosed in delicate bands of adhesions the most minutely accurate examination possible of the pelvic organs is called for. This is accomplished by the trimanual method

of vagina, rectum and abdomen simultaneously under anesthesia. Dr. Kelley exhibited his corrugated tenaculum devised to facilitate this examination

Dr. C. Kollock, of Cheraw, S. C., read a paper on the conservative treatment of pyosalpinx. He said careful and rigid examination is called for to determine the presence and cause of pus, the length of time it has been there and the condition of the walls of the tube in which it is found. Conservatism now enters largely into the treatment of pyosalpinx; this is faithfully carried out by curettement and aseptic divulsion and has been successful in saving the tube and ovary on the non-affected side, and in several instances the diseased tube was entirely relieved of the presence of pus. That many cases of pyosalpinx have been accurately diagnosed and radically cured without the mutilation of any part of the sexual organs is well authenticated. Dr. Kollock then reported a few cases of pyosalpinx which had been treated and cured by him by the conservative method. All but one of these was relieved entirely without resorting to coeliotomy

In the discussion which followed Drs. Engelmann, Joseph Price, John D. S. Davis, W. E. B. Davis, R. M. Cunningham and Bedford Brown took part: all advocated anesthesia in the majority of cases, although some women could stand the examination well without it. It is very important to cure the endometritis before it spreads to the tubes. Judicious and careful curettement often saves the necessity of abdominal section.

Dr. L. S. McMurtry, of Louisville, delivered a memorial address on Ephraim McDowell. He thought it meet that the galaxy of illustrious names of eminent Southern surgeons preserved in the transactions of the association should have a complete history of the father of ovariectomy and the pioneer of abdominal surgery. After giving a sketch of Dr. McDowell's life the author referred to his first ovariectomy and noted some points with reference to the operative technique. The operation occupied twenty-five minutes during which time the intestines were on the table and were then replaced in the abdomen. The patient was turned on her left side to allow the fluids to escape. The incision was closed with in-

terrupted sutures and the ligature attached to the pedicle at the lower angle of the wound. The ligatures used are said to have been of shoemakers thread thoroughly waxed before being used. Adhesive strips and bandages completed the dressing. The special features of the technique are (1) The incision was made through the muscular layer of the abdominal wall, three inches external to the rectus muscle. (2) The cyst was not evacuated until after the pedicle was tied. (3) An effort was made to clear the peritoneum of fluids. (4) Drainage was sought as well as escape of ligatures, by bringing the ligatures out at the lower angle of the incision. (5) The operation occupied only twenty-five minutes, expedition being more the result doubtless, of the want of an anesthetic than otherwise.

Dr. Joseph Price, of Philadelphia, read a paper on the incision in abdominal section: How to close it; Post operative complications about it. He said the question that most vitally concerns surgical and gynecological work was. How can the mortality be reduced? There is nothing from which we can approximately determine to what extent the length of the incision influences to mortality. In his own experience he finds the balance of convenience and safety to lie with the short incision. Very much abdominal work can be done through an incision admitting only two fingers. In the majority of cases to so enlarge the opening as to obtain a view of the parts we augment the risk of hernia (ventral) and provoke tedious convalescence. He emphasized the importance of a perfect closure of the incision. He is satisfied that exposure and manipulation of the incision as well as the peritoneum does harm. Suppurating wounds are largely due to careless closure or to tight sutures including too much tissue. Silk worm gut seems to be the favorite material at present for suturing: it is small, strong and non irritating. Terracing sutures has nothing to recommend it, it prolongs the time of an operation. The use of large, curved cutting needles is harmful, they primarily favor hemorrhage and secondarily stitch hole abscesses.

Dr. Kelly thinks long incisions have little or nothing to do with mortality

except in an indirect way. Where there are many adhesions a long incision is a necessity. Hernia comes from improper closure of the abdominal wall or the use of the drainage tube weakening the abdominal wall at one of its points.

Dr. L. S. McMurtry demonstrated his method of suturing on the board: He says the least quantity of interposing material we have between the tissues that are to be brought together the better.

Drs. R. B. Maury and T. J. Crofford of Memphis, gave their experience with silk worm sutures and straight or curved needles, favoring the latter.

Dr. A. M. Cartledge of Louisville, read on his operation demanded in all cases of appendicitis? The best time to operate. Probably the best classification of appendicitis is: catharrhal (simple): ulcerative (from tuberculosis from foreign bodies): perforating (from ulcerative perforation from strangulation, the result of twisting). This classification deals strictly with the changes occurring in the appendix and should be considered apart from the peritoneal and other conditions which may ensue, and cause well marked variations in the clinical course of the disease. More is known about the pathology of ulcerative or suppurative appendicitis than the catarrhal form because the cases not operated upon which recover are mostly called catarrhal. These are cases which progress with little pain, with very little fever and have a tumor which subsides. These cases are the pride of the poultice and opium practitioner. Ulcerative appendicitis must be either tuberculous or traumatic either of which conditions favor perforation. When inflammations of the vermiform appendix come to be viewed in their proper light the prognosis will assume a different aspect. Any appendix once so affected as to deserve the name appendicitis will be considered a lastingly diseased structure and the fancied cures as quiescent states of very easily recognized conditions. Every case of appendicitis not barred by surgical limitation should be operated upon, the best time just after the bowels had been thoroughly moved.

The discussion was participated in by Dr. Joseph Price, who thought there was

but one treatment for appendicitis; removal of the appendix. He considers it a murderous disease to be classed with extra uterine pregnancy. Both demanded prompt surgical treatment when first discovered. Dr. G. W. Long of Richmond, opposed operation. Autopsies had shown that $\frac{1}{3}$ of the human race had at some period of their lives had this disease. In the catarrhal for he thinks there is no reason for operating. Operation should be done in the perforative form as soon as diagnosis is made. Drs. Wm. T. Briggs, C. Kollock, W. E. B. Davis, Hunter McGuire, Louis McLane Tiffany, Willis F. Westmoreland, W. B. Rogers, Cunningham, Riggs and Jas. A. Coggans all advocated operative interference, most of the speakers recommending operation early.

Dr. George J. Englemann of St. Louis read a paper entitled The Vaginal Route, as compared with the abdominal for the removal of pelvic viscera. He called attention to the advantages offered by the vaginal route for many of the operations. for the removal of the uterus and appendages and especially in suppurative cases with multiple pus centres. It was vaginal hysterectomy for malignant disease of the uterus which paved the way for the use of the vaginal route for such operations. Its use is limited in this country, and in Germany and England these operations are practised little if at all. Eminent surgeons on the continent are followed by the French school with great success. Its advantages are the rarity, if not absence of shock, in cases where it would be produced by the abdominal method, rapidity of operation by reason of the force-pressure method, and the total absence of ligature or suture, nearness of the parts to the finger, and in aggravated pus cases, guarding of the abdominal cavity from the pelvis proper or the field of operation by the adhesions and inflammatory products which form a natural barrier. It seems the natural route for the reaching of parts below the pelvic brim. Recovery appears to be more rapid and satisfactory than by the abdominal method, the forceps being removed in 48 hours; the patient sitting up the fifth or sixth day, and moving about between the tenth and fourteenth day when cicatrization is complete.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

FRANK S. PARSONS, M. D.,
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PHILADELPHIA, DECEMBER 23, 1893.

THE PHYSICIAN OF YESTERDAY.

WE present to our readers, in this issue, the lithographic likeness of one of the most prominent of Philadelphia physicians of his time. (see frontispiece.)

Of such a character, words can hardly express the full value or meaning of life. One may, perhaps, query how such a man would stand in the light of the present medical day; but when one considers that it is not by reason of the age alone, that we may become renowned, but by the indomitable push, energy, determination to win and thorough application to study, it is readily seen that such a man would have succeeded in any age, in any advancement of scientific light, and only have shone the brighter

for the increase of wisdom, and opportunity.

PERSONAL.

WE regret to announce to our readers the removal of Dr. William F. Waugh from Philadelphia to Chicago.

In taking this step Dr. Waugh gives up the management of the TIMES AND REGISTER which he has held so long. The Bureau of Information will, however, be conducted by him from Chicago and answers to correspondence will be continued as heretofore. Queries may be sent to the office of the TIMES AND REGISTER.

In the removal of Dr. Waugh from Philadelphia, the medical profession of our city have sustained a loss, not met with every day. We certainly wish the doctor success in his new field of labors.

RUBIDIUM IODIDE.

THROUGH the courtesy of Messrs. Schering & Glatz, I obtained samples of this new drug; from the manufactory of E. Schering, Berlin. In all cases it was administered in doses of one gramme daily. The first case was of chronic rheumatism, a woman aged sixty-five, quite feeble. The second case was a woman 28 years of age, affected with syphilis, contracted through pregnancy, from her husband. She had had a very dangerous attack of pneumonia, which left her quite debilitated, and the specific poison manifested itself during convalescence.

The third was a case of pelvic inflammation involving the ovaries and tubes, for which an abdominal operation had been advised. The disease was of gonorrheal origin. There was considerable pain and tenderness, enlarged abdomen, and oedema of both limbs. The urine was free from albumen, although headache, nausea, vertigo, etc., led to the suspicion of renal disease.

In each of these cases, the iodides of potassium and sodium had been given, with the effect of soon disordering the stomach. Each of the three manifested

symptoms of iodism after quite moderate doses of these salts. In each case the iodide of rubidium proved fully as effectual as the other iodides, even in smaller doses, and the symptoms of iodism disappeared. My impression from these cases was that the rubidium salt is equally efficient and less irritating than the potassium iodide.

Dr. Leo Leistikow, of Hamburg, who at the suggestion of Dr. P. G. Unna, also made trials with rubidium iodide at his clinic, reports his results in the *Monatshefte für praktische Dermatologie*, November 15th, 1893, (Vol. xvii, No. 10), as follows :

In all cases a five per cent. aqueous solution of rubidium iodide was used, three tablespoonfuls of which were given daily.

Case 1. Mrs. S., aged 45 years, suffers from two specific ulcers of the hard palate. The ulcers were first cauterized with a ten per cent. solution of chromic acid for three days. After this rubidium iodide was administered internally. Under this treatment the ulcers healed completely in two weeks.

Case 2. Mr. M., aged 30 years, has a gumma which is located in the *sulcus retroglandularis*. Restoration takes place by external application of a gutta-percha plaster mull containing mercury and carbolic acid, and with a three weeks' internal treatment of rubidium iodide.

Case 3. Mrs. A. 1st., aged 55 years, is affected with an extensive ulcerating syphilide of the right lower thigh, accompanied by varicose veins. The treatment consists in bandaging the leg with zinc oxide-ichthyol-glue and prescribing rubidium iodide internally. Restoration results within fourteen days.

Case 4. Mrs. A. 2d., aged 40 years, suffers from gummatous periostitis of the frontal bone, and besides presents an insufficiency of the bicuspidal valve. Rubidium iodide effected a cure within two weeks without influencing the action of the heart.

Case 5. Mr. R., aged 20 years, shows the first general symptoms of secondary lues; besides specific angina and universal papulous syphilides, extremely violent headaches prevailed. An eight days' inunction-treatment makes the secondary eruptions disappear but with-

out relieving the headache. Internal treatment with rubidium iodide in double doses for three days caused the headache to disappear entirely.

Case 6. Mr. M., aged 30 years, who is suffering from secondary syphilis, had just undergone an inunction-treatment and desires to take iodine. He is given rubidium iodide for two days, but owing to violent conjunctival catarrh this remedy had to be discontinued.

Case 7. Mr. J., aged 44 years, is afflicted with acute polyarthritis of gonorrhoeic origin. By a two weeks' treatment with rubidium iodide he is entirely cured. Appearance of a iododerma pustulosum.

Case 8. Mr. M., aged 60 years, presents a gumma of the tongue. At first potassium iodide is administered and effects considerable shrinkage but after eight days produces a violent catarrh of the upper respiratory tract. Potassium iodide is therefore discontinued and substituted by rubidium iodide. This change of treatment causes the symptoms of catarrh to diminish and after four weeks' use of the rubidium iodide the gumma is healed.

It is especially important to note, that in the one case of syphilis complicated with valvular disease, the heart's action was not in the least influenced by the rubidium iodide. Altogether the rubidium salts have no toxic effect upon the heart like potassium salts. It is advisable, therefore, to employ rubidium iodide in all cases where the use of potassium iodide is contra-indicated on account of its dangerous effect upon the heart. The symptoms of iodism (the iododerma and the catarrh of the mucous membranes) are not excluded by the use of rubidium iodide. On the other hand whenever iodism follows the use of iodide of potassium these unpleasant accompanying effects may be avoided by the employment of rubidium iodide. Gastric disturbances were never observed. The taste of the rubidium salt is not as disagreeable as potassium iodide.

Rubidium iodide is supplied in one ounce vials. It has been quoted at \$1.00 per gramme, but I am informed that it can be furnished at about \$1.50 per ounce.

WILLIAM F. WAUGH.

Book Notes.

REGISTER OF MEMBERS AND MANUAL OF INFORMATION OF THE NEW YORK COUNTY MEDICAL ASSOCIATION, 1893.

We are in receipt of this admirable little volume of useful information, especially to the members of the New York County Medical Association. We note with pleasure that the unselfishness of this Association is so manifest, and their regard for the welfare of the profession at large so deep that they have added to the register a list of the names of those regular practitioners *not* members of the Association, but residing in New York and vicinity. The report of the conference committee of this Association and the the American Medical Association, with the resolutions regarding the recent attempt at affiliation between these and the New York State Society is appended. It is unfortunate that in this state alone there should be differences among the members of the regular profession, but as the members of the State Society seem by their action to desire no code at all, there is hardly any other course for the National Association to pursue, in justice to the profession at large, than that which they have so manfully taken.

This is one of the best compiled professional local registers we have seen.

MECHANICAL AIDS IN THE TREATMENT OF CHRONIC FORMS OF DISEASE. By Geo. H. Taylor, M. D., New York, Geo. W. Rogers, publisher, 1893.

This little brochure treats of the mechanical appliances useful to exercise certain muscles or groups of muscles with reference to the treatment of chronic diseases by exercise. This does not necessarily imply that it is simply instruction in gymnastics; it is more after the order of massage and to which a chapter is devoted. The work is of value to those interested in the movement cures, especially those having facilities and apparatus adapted to the massage movements.

Letter to the Editor.

BROOKLYN, N. Y., Dec. 12, 1893.

DEAR TIMES AND REGISTER: I have just received your paper of December 9th, and find no one has made reply to the editorial of December 2d, "Who was she?"

Will you allow me a few words? I cannot believe any woman physician of Philadelphia did as was reported to you. I know many of them, principally the alumnae of the Womans' Medical College of Pennsylvania. I have seen them in the clinic room, in the lecture hall, and in the operating pavilion; they are perfect ladies, intelligent, and ever kindly hearted women. Like other physicians, they work unceasingly for suffering humanity, in many instances without accepting the least compensation. There are no better women in the world than some women physicians. I have seen them both in this country and Europe. Many of them come from the halls of learning, with college training; many come from the best families, with past advantages, not only of education, but high culture; and certainly, studying the wonderful beauties of the human organism, would make them yet more intelligent, and more kindly considerate. When we consider this masterwork of creation, the marvellous adaptation of means to ends, the more marvelous recuperative powers of the system, its capabilities of restoration to health, its powers of renovating and renewing broken down tissues—all, all are calculated to excite our deepest admiration and most profound reverence. There is that in the true and faithful study of medical science, that will exalt and ennoble any mind or heart.

The statement, as reported to you, was that "a lady, the wife of a physician of the first standing, was suddenly seized with a severe pain and hemorrhage on a Twelfth street car, getting out at Locust street. She was in such distress she asked a woman to assist her. This person stated she was a 'doctress.'" The lady informed her she feared it was a miscarriage, at the same time telling the woman who she was; that her husband, a physician, was awaiting her at the art

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club, and requested the woman to assist her in getting there. This alleged "doctress," thus appealed to by a sister woman in dire distress, snappishly responded that she had better get a carriage and go home, and deliberately marched off, leaving the lady half fainting in the street."

This, certainly, was very unfortunate and very reprehensible conduct on the part of the "doctress." You say: "The female who exhibited such heartless brutality, if she be really a "doctress," ought to be driven from the profession. Adding: If, by joining the medical profession, woman is transformed into a heartless wretch, deaf to the cry of suffering, then let medicine remain in the hands of men."

Could so sweeping an assertion be drawn even if twice ten women physicians have proven themselves unworthy of the calling, much less for a single incident of which there was no certain information, as I understand you to say.

As a counter-part to this circumstance permit me to narrate one which occurred a few years ago in this city, and of which I was credibly informed by two witnesses. A sick woman, weary and worn, was confined to her bed. A physician was sent for; he came, examined her case, wrote a prescription, but when the required two dollars was not forthcoming, he tore up the prescription and left. All the attending circumstances and the name of the physician were communicated to me. Should I at once have rushed into print and said: "A man, who exhibits such brutality, if he be really a doctor, should be driven from the profession." Adding the last sentence with an interchange of gender. I did not rush into print; I did not say a physician should be driven from the profession. I cogitated upon the lessons that might be learned, concluding, that probably, many who did not pay the doctor, should do so; that rarely he is sufficiently recompensed for his more than priceless work; that I tried to think some of the excellent thoughts, as expressed by the late and timely address of the president of the New York County Medical Society, Dr. Seneca Powell.

But if twenty or one hundred men physicians were to act in this way, or even more unworthy of their high voca-

tion and sacred obligations, that should not exclude the good, grand and glorious men from the profession. There are noble and brilliant men in the medical profession, who are beyond all praise, and to whom we bow in reverence and admiration. In my troubles, of which I can truly say, "an enemy hath done this"—it was the great and good men of the profession who stood by and helped me. My debt to them is infinite. I join the whole world in giving the good men of the medical profession their meed of praise.

But my dear TIMES AND REGISTER, further about the case reported to you. There are, on the face of it, circumstances which mark its inconsistency and untruthfulness. First. The person stated that she was a "doctress." All women physicians invariably and distinctly call themselves *doctors*. They recognize that the degree given, after a long and faithful course of study, made them "doctors of medicine."

Second. The whole conversation is contradictory and falsifies what a woman, however selfish or ignorant, would naturally, on that occasion said and done. Any woman physician, whatever might have been her personal characteristics, would have been especially delighted to have helped a sick woman, who was the wife of a physician.

Again, if a "doctress" or any woman physician should take the trouble to stop and ask a sick woman what the matter was, and in such tones as to elicit a confidential communication, would she at once "snappishly reply and walk off?" Impossible! The juxtaposition is absurd.

That a "doctress" should advise a sick lady "to take a carriage and go home," instead of "to the Art Club," was most judicious.

You further state, "that the result was the loss of a life, which could doubtless have been saved by assistance at the time it was asked." I must here also take exceptions; but will first ask, which life was lost. If it was the child, possibly its destruction was ensured when the "sudden hemorrhage commenced. The woman might have had placenta previa; the symptoms a little suggest it. An ordinary "hemorrhage or pain" would not

have destroyed either mother or child. Besides, you inform us, that, "by the help of an officer, the lady succeeded in reaching her destination." So the officer did all the woman physician could then and there have done, and did it equally well. If the circumstance eventuated in the loss of either life, which I am grieved for a moment to suppose, that death was not in consequence of what the "doctress" did or failed to do in the street at the corner of 12th and Locust. Nor do I think, as I before remarked, that the death of either would have resulted from an ordinary "hemorrhage or pain." If the death was of the mother, and was not from placenta previa, or some similar accident, it was most assuredly from *sepsis in the after management of the case*; so, upon the passing "doctress" does not rest the burden.

But there is another consideration of momentous importance, and which demands our attention. Suppose this woman physician, had carried this fainting and hemorrhaging patient through the streets; possibly she might have been arrested for producing abortion. Women physicians sometimes have very little quarter, and many suffer most seriously, when doing their best, and the best that can be done. I know a woman physician who suffered infinitely more than a possible arrest, and on infinitely slighter grounds of accusation, and at a time when she was doing noble work, for which she ought to have been greatly honored.

With best wishes for the success of your excellent journal, I am

Yours very sincerely,

MARY A. DIXON JONES.

RESOLUTIONS ON THE LATE DR. WILLIAM F. HUTCHINSON.

At a meeting of the Executive Council of the American Electro-Therapeutic Association, the following resolutions on the death of Dr. William F. Hutchinson, of Providence, R. I., were unanimously adopted:

WHEREAS, it becomes our painful duty to announce the death of Dr. William F. Hutchinson, one of the Foundation Fellows of the American Electro-Therapeutic

Association as well as the first Vice-President of the same, and

WHEREAS, in his death we lose a warm and faithful friend, a valued associate and an accomplished member of the profession, therefore be it

Resolved: That this association desires to place on record its appreciation of his genial spirit, his active co-operation in the work of the Association and of his deep interest in scientific questions relative to his chosen profession.

Resolved: That we express our sincere regret and heartfelt sorrow at his death.

Resolved: That we tender to his sorrowing family an expression of our profound sympathy at his death.

Resolved: That a copy of these resolutions be sent to the bereaved family, to the Medical Journals and that they be spread upon the minutes of the Association.

Augustin H. Geolet, M. D.

W. J. Morton, M. D.

G. Betton Massey, M. D.

Robert Newman, M. D.

Charles R. Dickson, M. D.

Executive Council.

Wm. J. Herdman, M. D. *President.*

Margaret A. Cleaves, M. D. *Secretary.*
New York, N. Y., December 13th, 1893.

"Sweet Charity."—In the Artists' Exhibition of 1893 at the New York Academy of Design, there was exhibited an oil-painting by J. L. G. Ferris, entitled "Sweet Charity." Its richness of coloring commanded instant attention, while the lesson it taught was so impressive that one naturally returned to it for a second view.

Its subject is a young lady of colonial times who is on an errand to one of the poorer families of the town. She has a sensible, charming face, which expresses with remarkable fidelity the sentiment of her errand. There is not a home that this charming picture will not ornament. It must be seen to be appreciated.

"Sweet Charity" was purchased by the publishers of *The Youth's Companion*, Boston, Mass., and has been reproduced in colors in large size, 14½ x 21.

It will be sent to all new subscribers to *The Companion* who send \$1.75 for a year's subscription, and the paper will also be sent from the time the subscription is received to January, 1895. This offer includes the Double Souvenir Numbers published at Thanksgiving, Christmas and New Year's.

Bureau of Information.

Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.

When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to

Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

ERROR.

IN your issue of December 2d, you give the following for Facial Neuralgia.

R Dover's powder.
Sulphate of quinine, . . . aa . . ʒi.
Ext. of valerian, q. s.
Pil.

Is this correct? I have a bad case of Facial Neuralgia on hand but it seems to me that 60 grs. quinine four times a day is rather "crowding the mourners."

A. D. HATCH, M. D.

ORLEANS, MASS.

[The same error appeareth in the *Medical Press*, from which the item was clipped, and the mistake inadvertently overlooked. Doubtless it was intended to read "Ft. pil. no. xii. Sig. four daily." We have observed other mistakes in the prescription department of the *Medical Press*."

—Ed. T. & R.]

WHO KNOWS THE FORMULA?

IF you can learn, or know, kindly write me, where I can find the formula of "Raddam's Microbe Killer," and very gratefully oblige

R. J. C.

JOLIET, ILL.

GUAIACOL-PIPERAZIN.

THIS substance has not yet been placed on the market; the reports from its trials not being entirely satisfactory. This is probably because it was administered hypodermatically the local irritation being too great for such a mode. I have again administered it in capsules, for the fever of phthisis, and found it fully as effectual as at the former trial. As the drug cannot be obtained in this country, it might be well to try a mechanical mixture of guaiacol and pepsin.

WILLIAM F. WAUGH.

The Medical Digest.

THERAPEUTICS.

Ferratin.—Schmiedeberg (*Centralb. f. klin. Med.*, November 11, 1893) has succeeded in separating from the pig's liver by a simple process an organic compound of iron which he calls "ferratin." It contains about 6 per cent. of iron. This body disappears from the liver of the dog when the latter is fed on a diet poor in iron, and is fed at lengthy intervals. Ferratin is of service for the purposes of nutrition and growth, and also in diseased conditions, for it supplements the iron-containing bodies which are taken into the body with the food, but often in insufficient quantities. It is easily assimilated, as experiments on animals and its use in man show. It should be given in such doses as secure the presence of an excess in the alimentary canal; an overloading of the organs with iron is not to be feared. It is not excreted by the kidneys, and hence these organs cannot be injured by it. It is in the first place a food stuff, and can be used as such by those apparently in health. As a therapeutic agent, its indications are the same as those for the other preparations of iron. The sodic salt may be added to milk, the dose in adults being from 1 to 1.5 gramme in the day. Strongly acid bodies should be avoided, as they decompose it.

Aristol in Venereal Ulcers.—Guntz recommends aristol in venereal affections when iodoform is objected to on account of its penetrating smell. Unlike the latter, it is odorless, and a powder insoluble in water, but readily dissolved by olive oil, one drop sufficing to liquefy a quantity of aristol as large as a pea. As this forms a tenacious compound difficult to apply Guntz recommends the application of the powder in the first place, with the subsequent addition of 1 to 2 drops of oil, the whole being covered with a thin waterproof covering, and changed two to three times daily. When numerous ulcers exist around an unduly long prepuce, he prepares the solution in the middle of a sufficiently large square piece of gutta percha tissue, turning up its corners towards the root of the penis. This is lightly surrounded with cotton-wool, and the whole kept in position with an india-rubber ring of moderate tightness. The ulcers are thus in constant contact with the aristol, and the patient is able to get about. Nevertheless, Guntz points out that with extending or torpid ulcers, and occasional temporary substitution of of iodoform may be necessary. Aristol, however, is particularly applicable in hard chancres, secondary syphilitic ulcers, etc.

—*British Medical Journal.*

Chloroform, as a Tape-Worm Remedy.

—Dr. Stephen (*Il Raccoglitore Medico*, No. 9, 1893) has recently confirmed the action of the chloroform as a tenicide, he having been able to expel tape-worms with this remedy which had resisted all other measures. He employs Thompson's formula :

R Pure chloroform gms. 4.
Simple syrup gms. 03.

M. Sig.—To be taken in four doses, at seven, nine, eleven and at one in the afternoon. At noon take an ounce of castor oil.

All his patients bore the chloroform well, and it was even administered to children in proper proportions.

MEDICINE.

A New Treatment for Pulmonary Tuberculosis.—G. M. Carasso publishes

(*Gaz. d. Osp.*, November 2nd) a short note on a new method of treatment of phthisis. Starting from the fact that L. Braddon had obtained good results from the inhalation of peppermint oil (*Lancet*, March, 1888,) Carasso began a series of experiments with that oil, and finally arrived at the following method of treatment: Continuous inhalations of peppermint oil are combined with the internal use of an alcoholic solution of creasote with glycerine and chloroform, to which is added peppermint oil in the quantity of 1 per cent. He has treated already 39 cases of tuberculosis, among them being several with cavities, and with abundant bacilli in the sputa, and he claims to have obtained excellent results amounting in some cases to cure. The bacilli disappeared in from thirteen to sixty days. Cough, expectoration, and sweating ceased, the nutrition and weight increased, and the physical signs were such as to warrant the belief that *restitutio ad integrum* had taken place in the lungs. —*The British Medical Journal.*

Influenza in England.—It is stated that the medical officer of health for Liverpool reports an alarming increase of mortality from lung diseases associated with a form of epidemic of a new type, in which the mouth, throat, nostrils and eyes are first affected, the attack coming on very suddenly. Unless great precautions were taken the lungs speedily became affected, often terminating fatally. From the description published in the lay press, I take it that it is the same old "grippe" with a slight variation in the symptoms. —*Medical Press.*

Artificial Serum.—Peillon (*Lyon Méd.*, November 12th), has used artificial serum according to the indications and the formula published by Huchard (*Sem. Méd.*, November 13, 1893). The composition of the serum is as follows :

R Sterilized water 100 grams
Chloride of sodium 5 grams
Phosphate of soda 10 grams
Sulphate of soda 2.50 grams
Phenic acid 0.50 grams

Injections of this substance, varying in amount from 5 to 10 cubic centimetres, were made in a girl, aged 11, and a man, aged 30. The injection had no bad effect

locally or generally. The skin was first washed over an area of 6 to 10 centimetres with soap, and afterwards with sublimate solution. A platinum cannula, sterilized by flame, was used, the strictest antiseptic precautions being taken. The girl was neurasthenic in the full sense of the word; her growth had been rapid, she had lost appetite, and was so easily fatigued that it was with difficulty she could go up a flight of stairs, and work of any kind, manual or intellectual, was impossible. The total amount of artificial serum injected was 10 gms, the injection being given at intervals of three days. After the fifth injection there was marked improvement, and after a month of treatment the patient was able to return to school. The man suffered from no discoverable organic disease, but for two years he had every three months had attacks of hematemesis lasting two or three days. He was anemic, had no appetite, and was so easily fatigued that he could do no work. Injection of artificial serum were given, and after the tenth the patient had gained two pounds in weight, and was improved in every way.

Tuberculin in Treating Pulmonary Tuberculosis. Bey and Kartulis (*Zeitschrift f. Hygiene*, XV, 1893, p. 228) report the results of some very interesting work in the treatment of tuberculosis with tuberculin together with hygienic and climatic influences. They report 48 cases in which recovery was secured in 16 or 35 per cent. The article is a long one containing full details of the injections and their reactions, the condition of the patient as determined by physical examination, etc. The results which were obtained, as set forth in the conclusions drawn by the authors, are given:

1. Beginning pulmonary tuberculosis can be cured with tuberculin in from 3 to 4 months.

2. In more advanced cases of phthisis recovery is more slow, six months to a year being required.

3. Severe cases with not large cavities can, under good hygienic conditions, be cured.

4. Very bad cases with large cavities, hectic fever, and night sweats, are not suited to tuberculin treatment.

5. Skin tuberculosis, as scrophuloderma or skin ulcerations are rapidly healed with tuberculin.

6. Certain forms of bone and joint tuberculosis, also gland tuberculosis, are rapidly cured with tuberculin alone or with the help of surgical interference.

7. Tuberculin is a dangerous material unless it is given in small doses in the beginning.

8. Small doses of tuberculin alone will not produce recovery of tuberculosis.

9. The Egyptian climate is well adapted for the treatment of tuberculosis.

10. The clinical treatment of lung tuberculosis with tuberculin is indicated only in light cases, in more severe cases the treatment must be more regular and persistent.

The authors lay much stress upon the importance of climate and hygienic influence in bringing about good results.

Absolute Rest in the Treatment of Acute Pleurisy with Effusion.—The necessity for absolute rest in cases of peritonitis is generally recognized. It is the same principle that Dr. Volland (Davos) has applied with success in four cases of acute pleurisy with effusion. The patients remained perfectly motionless in bed for several days during which they were fed with a spoon, the motions and urine being received in a bed pan. They were not allowed to sit up in bed under any pretext whatsoever and to ensure complete rest to the affected parts, the chest was not examined during the period of treatment.

With the exception of a hypodermic injection of morphine when the pain was very troublesome, no remedy was administered. Under the influence of absolute rest fever rapidly subsided in all four cases. In only one case (acute tubercular pleurisy with effusion) did it persist until the eighth day. The patients were examined at the end of a week when the pleura was found to contain but a small quantity of fluid which completely disappeared in the course of a few days more. The patient was then allowed to get up.

—*North American Practitioner.*

CHILDREN'S DISEASES.

Diabetes Mellitus in Infancy.—Duf-
loco and Dauchez report a case of diabetes
mellitus in an infant, aged 18 months,
which ended rapidly in coma. The child
had been somewhat ill for about two
weeks prior to the first visit of the phy-
sician. When first observed the symp-
toms were intense thirst, a weak, rapid
pulse, constipation, cyanosis of the face
and emaciation. The mother attributed
the illness to teething. On the day fol-
lowing, the child grew rapidly worse, be-
came comatose, and died in a few hours.

Under the age of 2 years diabetes mel-
litus is extremely rare, and the authors
could find only two recorded cases of
coma. Kulz and Leroux collected 150
cases of diabetes mellitus in childhood;
of these, nine were under 2 years of age.
Berloiz, in 20,000 urinary analyses de-
tected sugar in the urine of a child (aged
3½ years) only once. The authors also
refer to the rapid course which diabetes
pursues in infancy.—*Rev. de Med.*

**Papain with Carbolic Acid in the
Treatment of Diphtheria.** Levy and
Knof speak highly of a combination of
papain and carbolic acid as a solvent of
the false membrane in diphtheria. In
the Children's Clinic at Strasburg they
employ the following:

R. Papain, 10 parts.
Liquid carbolic acid, 5 parts.
Distilled water, q. s. ad, . . . 100 parts.

During the first two hours this solu-
tion is applied every ten minutes, and
later only every two hours. Under the
influence of the application the false
membrane rapidly disappears, but since
it speedily returns after the suspension of
the treatment, it is essential to renew the
applications on the reappearance of the
membrane. Under this treatment the
mortality was 29 per cent., but the
author remarks that in many of the fatal
cases death was directly due to some
grave complication.—*Berlin. klin. Woch.*

THERAPEUTICS.

Ferratin.—Ferratin is a fine powder, of
a reddish brown or rusty color, and is
prepared in two forms: one uncombined
and insoluble in water, the other as a
sodium-compound which readily dissolves

in water after being shaken up and then
allowed to stand for awhile. The water
used must, however, be almost free from
calcium salts, as otherwise an insoluble
calcium compound may easily be formed.

The watery solution of the sodium-ferr-
ratin may, with advantage, especially for
young children, be added to milk or
other liquid food. Both forms, the solu-
ble and insoluble, may, however, be taken
in simple powder without any vehicle.
For children daily doses of 0.1 to 0.5
grammes (1½ to 7½ grains) are suffic-
ient; for adults the daily dose may be
increased to 1 or 1.5 grammes (15 to 22½
grains), divided into two or three por-
tions. No special attention to diet is
required, but it is better to avoid acidu-
lous articles of food, lest they should
lead to decomposition of some of the
ferratin. As to other points, we must
wait for further clinical experience.—
Prof. Schmiedeberg in the *London Prac-
titioner*.

SURGERY.

Operations Without Anesthesia.—
Mr. C. B. Keetly read a paper on Opera-
tions without Anesthesia. He pointed
out that after the discovery of surgical
anesthesia certain causes led to its abuse
—viz., (1) its dangers were not at once
realized; and (2) surgeons and the pub-
lic forgot what could be done without it.
Nevertheless, local anesthesia received a
hearty welcome, but its applicability was,
of course, strictly limited, especially
since it had been known that cocaine had
its dangers.

Generally anesthessia should, as a rule,
be avoided in cases of: (1) strangulated
hernis in old and exhausted subjects; (2)
bolotomy and colectomy in similar sub-
jects, when the course of operation could
be foreseen and planned beforehand; and
(3) mere tapping, aspirating, sounding,
or even laparotomy by small incision for
exploring, combined perhaps with
evacuation of fluid (or even of simule
non-adherent cysts?).

—*Lancet*, Nov. 8, 1893.

**The Posterior Urethra in Chronic
Urethritis.**—Dr. Bransford Lewis, of St.
Louis, in a paper read before the Ameri-
can Association of Genito-Urinary Sur-

geons, announces his conclusions as follows:

"1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.

"2. A single widely-prevalent cause for such prolongation of gonorrhea has as yet not proved its right to recognition as such.

"3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily-prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.

"4. Scrutinizing, clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhea.

"5. Direct topical treatment to the posterior urethra is therefore necessary in the great majority of cases.

"6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.

"7. The mode of onset usually described does not coincide with that discerned in clinical observations.

"8. These latter two observations confirm the probability that the posterior urethral infection is accomplished through the lymphatics, and explain the frequency of such infections.

"9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhea."—*Medical Bulletin*.

OBSTETRICS AND GYNECOLOGY.

Gonorrhea is an Infectious, Progressive Catarrhal Disease of Mucous Membrane.—It is undoubtedly caused by the gonococcus of Neisser. Neisser's gonococcus is a double-shaped vegetable organism known as a diplococcus. The gonococcus was seen in gonorrheal pus by Haller in 1869, but the coloring methods were not then developed, and so Haller's investigations attracted but little attention. Dr. Neisser, who was an assistant in the Skin Clinic of Breslau, made some investigations by coloring gonorrheal pus in 1879. He then pub-

lished his discovery of what is known as the vegetable germ—gonococcus.

The frequency of gonorrhea in any community, when carefully studied, will cause the innocent to marvel. The careful study of the disease shows in a remarkable manner how widespread are its advances. It requires the best heads and the finest skill to detect gonorrhea in unsuspected corners. For example take the studies of Dr. Sanger, of Leipsic, and note how he found gonorrhea so much more frequently in his later studies than he did in his earlier ones. In some 2,000 women, in private and hospital practice, he diagnosed gonorrhea in 12 per cent. Later he noted 18 per cent. of gonorrheal cases among women. More recently he diagnosed 26 per cent. of gonorrhea among his cases. Observe that his investigations enabled him to more than double his percentage. Swartze, of Halle, diagnosed gonorrhea in 18 per cent. of 617 women. Oppenheimer, at Heidelberg, diagnosed gonorrhea in 27 per cent. of 108 pregnant women. Lomer found the diplococci colonies in 56 per cent. of cases examined in the clinic of Schroeder. By careful study one can find gonorrhea in about one-half the women who come to the ordinary gynecological clinics. I feel positive in asserting that 75 per cent. of the cases in which I remove the appendages for pus in the tube or ovary are of gonorrheal origin.

It is a common assertion of general practitioners (who see the ordinary cases of clap) that 75 per cent. of men of the age of 25 acquire gonorrhea in large cities.—F. Bryon Robinson, B.S., M. D. in *The Medical Age*.

Laceration of Vagina in Delivery.—Everke (*Centralbl. f. Gynak.*, No. 44., 1893) describes two cases of laceration where the rent extended completely through the vaginal wall. Turning was performed in a patient at her third confinement. The os was completely dilated. After the placenta came away coils of intestine were found in the vagina; they were thoroughly disinfected and replaced by Everke, whilst the uterus was made to contract by friction with the other hand applied to the abdomen. It was firmly pressed down into the true

pelvis. The laceration lay in the posterior vaginal fornix; it ran transversely and was over two inches long, and was easily kept in sight whilst its edges were held together with dressing forceps. The tissue was so soft that it was repeatedly torn by the forceps. Ten silk sutures were applied to the rent. The patient died of sepsis on the fourth day. The second patient was a primipara. Labor lingered, so the forceps was applied and a living child delivered. The placenta followed spontaneously. The vagina was the explored and intestine detected in its channel. Everke was called in, and he closed the rent, which was four inches long, with five sutures, using the same manipulation as in the first case. The vagina was plugged with iodoform gauze and a complete laceration of the perineum was left alone. The patient recovered without rise of temperature, and perineorrhaphy was successfully performed on the eighth week. Laceration of the vagina occurs when the vaginal tissues are soft and the lower segment of the uterus, and, later, the vagina, are stretched by a large foetus entering a narrow pelvis. It is not advisable to suture the laceration from above after opening the abdominal cavity.

Ludlam on the Physiological and Morbid Relations Existing between the Uterus and the Eye.—Janot's work is based on the following conclusions:

1. Certain ocular troubles exist in relation with different physiological and pathological conditions of the uterus.
2. In order to institute an efficacious treatment it is important to establish their origin.
3. These ocular lesions are much more tenacious when the uterine troubles have persisted for a long time.
4. In a large share of cases they are attributable to infection.
5. The treatment should be addressed to the local condition of the uterus and the vagina, to the local state of the eye, and to the general condition of the patient.

—*N. Y. Med. Times.*

Unconscious Delivery.—Le Blond (*Journ. de Med. de Paris*, July 30th,

1893) related in July a remarkable case before the Medico-legal Society of Paris. A woman, aged twenty seven, who had been seduced and deserted, was seized with slight colicky pains, but continued to work. In the course of the following night she was attacked with still more severe pain. Thinking that an action of the bowels would give relief, she sat upon her chamber utensil; on straining a live child was born. This alarmed her greatly, but she cut the cord with scissors, wrapped the infant in a cloth and walked downstairs, telling the people in the house, in fear and trembling what had happened. Violent flooding set in. The cord had not been tied. Early in the morning Le Blond saw the patient, and found the placenta still in the vagina. He extracted it. The mother and child did very well. Had the child died the mother would have been very strongly suspected of murder, especially if she had attempted to defecate in a public privy, in which case the child would almost inevitably have been killed.

CHILDREN'S DISEASES.

Nocturnal Enuresis in Children.—

Freud (*Neurol. Centrallbl.*, Nov. 21, 1893) states that on examining children affected with nocturnal incontinence of urine, he has discovered that about 30 per cent. of them exhibit an associated symptom that has not previously been described, namely, a hypertonic condition of the crural adductors. To elicit the symptom the child is seated with its legs on a table; its feet are then grasped, and an endeavor is made to separate them as widely as possible in a horizontal direction. In a typical case the adductor spasm at first is considerable, but soon yields; on releasing the feet the legs spring back into contact. Spasticity also is found in the quadriceps extensor on attempting suddenly to flex the knee. The resistance here again is very pronounced at first, but quickly subsides. If flexion be then repeated only slight extensor-tension is observed. The deep reflexes are moderately increased in these cases; the muscles are firm and well developed; gait is natural and no other abnormality is present in the affected limbs. To a certain extent the spastic condition can be over-

come by voluntary effort on the part of the patient; for instance, if the child be required to relax the adductors, rigidity temporarily disappears from them, although it continues in the extensors. As the phenomenon occurs in boys quite as frequently as in girls and very rarely exists in normal children, Freud considers that it is independent of emotion, such as fear or shame. He has been able to exclude spastic paraplegia and epilepsy from all his cases. They have not shown any fixed relationship between the intensity of the hypertony and the degree and duration of the incontinence. Often he has seen the spasticity persist after the enuresis has been cured. He suggests that excessive spinal innervation of the detrusor and of the crural muscles may be a factor in the combinations of symptoms.

THE HORSESHOE ON THE DOOR.

I wonder where the patients are—

Why everything's so dull;

'Twas just a month or so ago

I had my office full.

But now the bell I never hear,

And money's running low—

I tell you something must be done,

And that right soon, you know.

"I'll tell you what," the good wife said,

"You laugh at old folklore,

But patients stopped that day you took

The horseshoe from the door.

"And I am going to put it back;

You'll see how quick they'll pour

Into your office when you put

That horseshoe on the door."

She put it back and then remarked,

"I told you so before,

And greater men than you believe

In horseshoes on the door."

Alas, for all the luck it brought!

Or patients did restore,

Next day upon my bald plate fell

That horseshoe from the door.

And while I groaned, and bitterly

At superstition swore,

She blandly said, "It brought a case—

That horseshoe on the door."

—*N. Y. Med. Jour.*

Prescriptions

R Syrupi belladonnæ

" aetheris

" opii

" aurantii flor. aa partes equales.

M. Sig.—Teaspoonful every two hours.

Trousseau. *From Revue Internat. de Rhinologie, Otologie, et Laryngology.*

FOR GONORRHEA.

R Antipyrini02 gram

Hydrargyi chloridi corrosivi 2. "

Aquæ destilatæ 200. "

M. Sig.—For an injection, to be repeated four times daily. Antipyrine and bromides are also given at night, to control erections.

—*Walthier*

HEMORRHOIDS.

R Ung. Aq. Rosæ 15. gram

Acidi tannici 2. "

Extr. opii 0.25"

M. Sig.—Apply locally.

or

R Ung. Populi 30. gram

Cerat. plumbi subacetatis .10. "

Antipyrine 3. "

Ext. belladonnæ

" opii aa 1. "

M. Sig.—Apply locally.

R Ung. petrolei 30. gram

Acidi tannici 1.50 "

Cocaini hydrochloratis . .1.20 "

Morphiæ sulphatis . . .0.30 "

Atropiæ " 0.25 "

M. S.—Apply locally.

—*La France Medicale.*

SUPPOSITORIES.

R Ol. theobromæ 3. gram

Ung papuli 1. "

Ext. hyoseyami

" conii aa 0.15 "

M. ft. suppositorium.

R Ol. throbromæ 4. gms.

Morph. hydrochloratis . .2. "

Iodoformi 5. "

Ext. krameriæ 50. "

M. ft. suppositorium.

R Chrysarobini 06. gms.

Iodoformi 15. "

Ext. belladonnæ . . .007. "

Ol. theobromæ 2. "

M. suppositorium.

—*La France Medicale.*

The Times and Register.

Vol. XXVI. No. 52. PHILADELPHIA, DECEMBER 30, 1893. Whole No. 799.

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Society Reports.

NEW YORK ACADEMY OF MEDICINE.—SECTION ON ORTHOPEDIC SURGERY.

November 17th, 1893.

INDURATION OF THE STERNO-MASTOID MUSCLE.

DR. ROYAL WHITMAN presented a case of induration of the sterno-mastoid muscle in an infant of three months. Although the induration occupied at least one-third of the muscle there was no torticollis. Such cases were of interest because of the question of their influence in the production of congenital torticollis. From his observation on a number of similar cases, followed to final results, he concluded with Peterson that injury at birth might be an occasional, but was not the usual cause of torticollis, as is now claimed by many authorities.

In this connection, he would mention two cases of true congenital torticollis complicated by induration or hematoma of the contracted muscle. In one of the

cases the distortion of the head was noticed immediately after birth. In the other there was well marked hemiatrophy of the face, and club-foot on the same side. In these cases, both seen in early infancy, it was very evident that the induration was caused by rupture of a congenitally situated muscle. Similar cases had been reported by Burns and Rennecke.

Dr. S. Ketch asked about the number of cases Dr. Whitman had seen.

Dr. Whitman replied that he had seen sixteen cases, but had only traced carefully the first series of seven; in none of these was there torticollis.

A CASE OF POTT'S DISEASE WITH AN UNUSUAL DISTRIBUTION OF THE PARAPLEGIA.

Dr. S. Ketch presented a case of this kind. When first seen in 1881, the man was thirty-nine years of age. His family history was negative as regards the condition for which he was presented, and he had been perfectly well up to one year before that time. No cause could be assigned for his trouble. He had noticed a gradually increasing weakness of the

arms and stiffness of the neck, but his general health was fairly good, and he was even then engaged on the police force. Examination showed a small kyphosis in the region where it was very easy to mistake a very prominent vertebra for the knuckle produced by caries—in the region of the seventh cervical and first dorsal vertebra. In addition to the gradual loss of power in the arms, there was already atrophy of the scapular muscles, and an increase in the patellar reflexes on both sides. A positive diagnosis of Pott's disease was not made at this time. He was sent to Dr. Seguin, who after examining him carefully, reported that he was inclined to consider his trouble a form of chronic myelitis, involving chiefly the anterior horns of the cervical enlargement. He excluded vertebral disease, or a tumor of the dura mater because the paralysis seemed to indicate a lesion of the fourth or fifth cervical nerve, and there were no symptoms affecting the leg, such as should be present if there were any pressure on the cervical spinal cord. Dr. Seguin added that he did not think any treatment would be of avail, as many of the ganglion cells were probably diseased. He suggested a trial of the cautery on the neck, and of phosphorus inwardly. During these twelve years there has never been very much involvement of the lower extremities. At present, there is a very decided kyphosis, involving several vertebra; he cannot hold up his head without the support of a chin-piece, and his arms are now absolutely powerless.

The speaker said he presented the case because of the unique distribution of the paralysis. He had never seen in Pott's disease in this location this peculiar paralysis without also an involvement of the lower extremities, and he thought it was the experience of most orthopedic surgeons that paraplegia rarely affects the arm in cervical or dorsal disease. He did not agree with Dr. Seguin in excluding caries; he felt very certain it was present.

Dr. Ketch also presented a man thirty-two years of age, who first noticed something wrong with his back about three and a half years ago, but he had never had any adequate treatment, and was supposed to be suffering with rheumatism.

He was an upholsterer by occupation and gave a good family history. He had only had moderate pain, but this, contrary to the usual rule, was directly referred to the back. He was first seen on October 23, 1893, and at that time his general health was fair, but he was beginning to lose power in his left leg, and the reflexes were increased. He has a large rounded kyphosis which corresponds to that which Dr. Shaffer has described as particularly characteristic of *caries sicca*. This man had no suspicion of the existence of any serious disease of the spine until he was first examined three or four weeks ago, when the diagnosis of Pott's disease was made. He was informed of the probability of paraplegia, a brace was adjusted and absolute rest enjoined. The paraplegia symptoms are to-night very prominent, and have advanced very rapidly.

Dr. Whitman asked if Dr. Ketch did not find these rounded curves very often in adults.

Dr. Ketch replied that he did not, for Pott's disease does not very frequently develop in adult life.

Dr. Whitman said that he had seen a number of cases of disease of the dorsal region in adults in which the deformity was similar to that of the patient presented by Dr. Ketch. He thought the sharp curves were much less frequent in such patients than among children, either because the disease was more extensive, or the increase of the deformity more gradual. He did not, however, mean to imply that acute angled deformity was frequent in adult life.

The chairman said that he thought Pott's disease was much more frequent in the adult than many supposed, as he saw quite a number of such cases in the hospital for ruptured and crippled. The majority of them had been treated for rheumatism, or for vague pains, and of these cases, a large number had long curves.

Dr. N. M. Shaffer said he thought the frequency of the rounded curve was rather over-estimated. He had seen many cases, and should not feel impressed with the fact that the general excurvation was as common as had been just stated. The sharp, angular curve, although perhaps not so frequent as in

children, is present in the majority of cases. He had seen an adult that very day whose symptoms had been ascribed to a stone in the kidney, and he had even undergone an exploratory operation based on this diagnosis. This patient had an "angular curvature."

Dr. Reginald H. Sayre said that it seemed to him that the location of the disease had much to do with the abruptness of the curve. Many people, workmen especially, are more or less round-shouldered from the nature of their work, and if disease occurs in them the ordinary curve of the shoulder masks, to a great extent, the curve produced by the disease. He had seen a good many having a similar contour to that of the patient just presented.

The first case reported reminded him of a recent one in which there were all the appearances of locomotor ataxia, excepting that the patient had exaggerated patellar reflexes. No correct diagnosis had been made until he went to the Presbyterian Hospital. Subsequently, a knuckle appeared on the back. When the speaker first saw him there was a markedly ataxic gait, and before his clothes were removed he would have been taken for an ataxic patient.

Dr. Ketch, in closing, said he presented this patient to show how in this insidious dry caries the patient may go for a long time without any acute symptoms pertaining to the bone, and then very suddenly have the neural symptoms develop. At this time, in his patient, the bone symptoms were not more prominent than before.

RELAPSE AFTER EXCISION OF THE HIP.

Dr. N. M. Shaffer presented three patients illustrative of this condition. He said that a large number of cases of excision of the hip-joint relapse, either through an incomplete excision or through lack of after-treatment, or both. He had been criticized at the first meeting of the American Orthopedic Association for stating that complete excision of the hip joint is practically impossible. The knee-joint can be readily excised with mechanical certainty, but with the hip-joint the operation consists in the great majority of cases necessarily in a decapitation of the femur. Simply re-

moving the head of the femur and scraping the thickened acetabulum is not by any means excising the hip joint. He had taken the ground that complete excision should comprise perforation through the acetabulum and the establishment of thorough drainage, probably *per rectum*.

The first patient presented was Louis L.———, who was admitted to the New York Orthopedic Hospital on February 21, 1889. He was treated there for three months with an ordinary hip-splint, and was then removed to Scranton, Pennsylvania, where the hip-joint was excised by a prominent local surgeon. On December 30, 1890, he was re-admitted to the Orthopedic Hospital wearing the Phelps fixation apparatus which had been on constantly since the excision of the hip-joint early in 1890. On his return, he had all the symptoms of hip-joint disease notwithstanding the excision, that is to say, the hip was flexed, abducted and rotated outward, and there was a distinct muscular protection of the modified joint much the same as in the original hip-joint disease, and had it not been for the knowledge that the excision had been performed, one would have supposed from the position of the limb that the case was one of ordinary hip-joint disease, in the deformity stage. There was also a sinus at the operation scar showing that there was still disease present. He was placed under the usual treatment for hip-joint disease. On examination now, the shortening of the leg is very evident. The motions of the joint are excellent, and there is a slight degree of telescoping at the joint, but the motions of the joint all approximate the normal quite closely.

This boy represents a not uncommon result where excision has been improperly done. By means of traction the limb has been brought down, and although there is to a certain extent a flail joint he expected that the ultimate result would be good and that then there would be only about half an inch shortening.

The second patient was a girl, about eight years old whose hip-joint was excised on July, 1890, in one of the prominent hospitals in this city. When admitted to the Orthopedic Hospital on January 3, 1893, she had the characteristic pain of hip-joint disease—pain in

the knee and hip—a good deal of flexion and the characteristic limitation of motion which is present in ordinary hip-joint disease. She has now quite a loose joint, but there is excellent motion and an absence of reflex muscular protection. This was one of a series of cases which had been reported as “cured,” but this case was far from being cured. Under traction the symptoms had entirely disappeared and there was now a disability occasioned by the excision of the joint.

The third case was that of James E——, thirteen years of age, who when he first came to the hospital on October 18, 1892, was at first supposed to have had an excision performed on one hip-joint, but it was subsequently learned that in a hospital in Plainfield, the usual anterior and posterior incisions were made and the joint well exposed and irrigated, but the joint was not excised. He did not do well and after a time he was sent to the Asbury Park Home as absolutely incurable. When first seen at the Orthopedic Hospital there was a marked flexion and abduction, there was a sensitive joint and a discharging sinus. The speaker said he expected that in time, under proper mechanical treatment this boy would have an excellent joint—indeed, a much better and more useful joint and limb than in the two previous cases. The foregoing cases represent a certain number received every year, which absolutely demand subsequent mechanical treatment.

As long ago as 1878 he had in St. Luke's Hospital a patient with very incipient hip-joint disease, and he thought if excision of this joint were ever justifiable, it would be here. The late Dr. Thomas A. Sabine performed the excision, and found only a very small area of disease—a slight discoloration only on the head of the femur. The acetabulum was not involved. The usual anti-septic methods of that time were employed. Three months later the patient had all the characteristic symptoms of hip-joint disease—flexion, adduction, pain, reflex muscular spasm, and an open sinus, and the patient ultimately died of amyloid degeneration. This case made a very strong impression upon him at the time, and many varied experiences since then led him to say most emphatically that

the prevering and systematic use of the traction treatment of hip-joint disease would not only give much better results than excision, but that excision, save in very exceptional cases, is an unjustifiable procedure. It should be remembered that these cases which he had exhibited, and others like them, were not operated upon by amateurs, but by well-known and experienced surgeons.

After excision of the joint, efficient mechanical treatment should be continued for a period of at least a year after the operation. If this be thoroughly carried out, he thought the results after excision of the joint would be very much more satisfactory.

Dr. R. H. Sayre thought all present would agree with the statement just made that cases of excision required efficient mechanical treatment afterwards. The cases presented were excellent examples of what occurs every day in the hands of the general surgeon who totally disregards the mechanical treatment, and ignores the pathology of this disease. In knee-joint excisions it is common to see cases discharged as cured, subsequently returning with flexed knees, simply because the joint had not been protected by mechanical means until sufficient solidification had been effected to secure the maintenance of the straight position. Many of the recent European cases of excision had been reported as cured before sufficient time had elapsed to admit of making a positive statement of this kind. Where cases do not heal up, it is because of the failure to remove all the diseased tissue, or because of the infection of the wound, either at the time of the operation, or subsequently. If all the diseased tissue had been removed in the case upon which Dr. Sabine operated, there would have been no discharging sinus, and no amyloid degeneration. He agreed with Dr. Shaffer that excision should be resorted to only in exceptional instances. About twenty years ago, his father said, at the time when excision became recognized as a justifiable procedure, that he hoped the profession would have arrived at a sufficient knowledge of the diagnosis and treatment of hip-joint disease to be able to detect it in the earlier stages, and

afford protection to the joint, so that the the necessity of excision would pass away, except in rare instances. The large majority of cases in which his father had performed excision were those which had been neglected, or improperly treated, and which were in extremely bad condition at the time of the operation. With proper treatment, excision should be required only very rarely. Those cases which are operated upon should not be discharged as soon as the wounds heal, for they are not cured until a number of months have elapsed, and there has been a disappearance of pain and spasm, and all the indications which would lead the orthopedic surgeon to protect the joint. This is a point which the profession at large does not realize, and seems very unwilling to accept, even when its importance is pointed out. It is only when these patients have night-cries, severe pain, and evident deformity that the general practitioner seems to appreciate the necessity for mechanical treatment.

Dr. L. W. Hubbard said he had followed the cases presented by Dr. Shaffer, and had observed other similar ones. He could recall cases in his own practice where children had been so bad that he thought they would not survive, yet by persistent traction in the right direction, they had ultimately recovered with very useful joints. The more he saw of what Nature would do for these children when the joints were properly protected, the less he believed in excision.

Dr. Whitman said that while these cases certainly presented an argument against excision as an alternative to conservative treatment, he believed very few at the present time believed in this; even in Germany, early excision is now practically abandoned. Koenig, in the last Congress of German Surgeons, made the statement that early excision was unjustifiable, and there was no discussion on this proposition. He believed, however, that excision occupied a place in the conservative treatment of hip disease as a last and necessary resort.

The Chairman said that the most important point in connection with this subject is the necessity of after mechanical treatment. Almost all the cases of excision done in this city receive no after

treatment of this kind; the cases are with few exceptions not treated. Those who have witnessed many excisions knew how difficult it was to remove all the diseased tissue; in a large majority of cases in the late stages, a certain amount of disease must be left in the acetabulum, and this requires treatment by proper apparatus.

Dr. R. H. Sayre said he differed with Dr. Whitman in believing that a stiff joint is the best result after excision, a movable joint and a firm joint which will support the patient's body is infinitely preferable. He had seen a fair number of cases of excision with joints which were firm yet flexible. His father had shown four of them some years ago at a meeting of this Section. The difficulty of removing all the debris in these cases is a very strong argument against the modern method of sewing up these wounds instead of packing the joint, and he believed that packing these joints would give much better results.

Dr. Whitman said he did not think if the excision were done as a last resort that a movable joint was to be expected. After complete excision a movable joint meant that the bone moves up on the dorsum of the ilium; this implies adduction and flexion. If it could be fixed in the region of the acetabulum, it was certainly much better than a flail joint. It must be unusual in the late cases, to obtain by the subperiosteal method any extensive reproductions of bone.

Dr. R. H. Sayre said he did not think subperiosteal excisions were in fashion at the present time. He had seen cases in which four inches of bone had been removed, and yet there was not only half to one inch shortening, and excellent motion in the joint. He believed that in the great anxiety to clear out everything which is diseased, much useful periosteum is sacrificed, and the bone set up on the dorsum of the ilium, leaving the patient with much shortening, and very often with a flail joint; whereas if the bone were removed subperiosteally, a very much better result would be obtained.

Dr. Shaffer, in closing the discussion, said that the case operated upon by Dr. Sabine illustrates the great difficulty of avoiding tubercular infection of the

healthy tissues even in the early stage. The same remark would be applicable to the cases just shown, where, although a late excision was done, infection resulted. The treatment had been applied, not because he looked forward to the formation of a loose joint, but because they had absolutely useless joints, with deformity and pain, which made mechanical treatment necessary. He used the word "flail" to express a certain looseness of the joint—a slight degree of "telescoping." But both these patients could walk on the limb, and in similar cases, previously observed, a very useful and stable joint resulted after the removal of the traction splint. It would be a mistake, however, to call these joints "flail" joints, as it would convey a wrong impression.

A PECULIAR LATERAL CURVATURE.

Dr. W. R. Townsend presented a patient having a very peculiar lateral curvature, probably due to rachitis. The patient was a girl, nine years of age, and the deformity had been noticed for four years. The curve was rather short, and was situated very low down in the spine, with a very slight compensating curve. There was slight rotation, affecting the portion of the spine to which the floating or free ribs are attached and none above this. He did not recall having seen a curve exactly like this one, and others who had seen it considered that it possessed certain peculiar features. He asked for suggestions as to treatment.

Dr. L. W. Hubbard said that this form of curvature was only seen in this part of the spine. The rotation seemed to be more prominent than the lateral deviation. It was a very difficult curve to reduce, but it was easy by mechanical support to prevent it from growing larger.

Dr. R. H. Sayre thought this was a most excellent case for extension, for as he stretched her between his knees, the curve was markedly reduced. He would favor the application of a jacket, and exerting pressure on the ribs by an apparatus having its base of support on the floor. He had found that similar cases were more apt to have pain than those in which the curvature was higher up. As they grow older, the ribs come so close

to the iliac crest that there seems to be pressure produced on the nerves at the point of curvature. As this child was apparently rachitic, this should be an additional argument in favor of making pressure on the ribs while they are still yielding. He thought that section of some of the tense ligamentous fibres along the spine might assist in the reduction of the curve. This operation had not yet been done, but he thought it was perfectly possible that it would prove decidedly beneficial.

AN UNUSUAL CAUSE OF FLAT-FOOT.

Dr. Halsted Myers presented a patient showing a rather unusual cause of flat-foot, viz.: the absence congenitally of the first metatarsal bone on each side. The left foot had become so painful that she applied for relief. Theoretically, this condition should give rise to flat-foot. Although in the normal foot the weight of the body in standing is mainly borne by the heel and the heads of the second and third metatarsal bones, still the first also bears its share, and in walking it is especially needed when the weight is thrown on the forward part of the foot. If this support is removed, therefore, the force of gravity will strongly tend to produce flat-foot, while the ligaments are also less strongly anchored, and more liable to yield.

Dr. R. H. Sayre said he had reported a similar case in which there was a "thumb" instead of a big-toe. It seemed to him that in this patient there was a small rudimentary metatarsal bone.

PROF. GARRETSON AND HIS PHILOSOPHY.

Knowing that by reason of the holidays a week is to intervene between the last and next report of Dr. Garretson's lectures, and finding myself profoundly interested in the subjects of his teaching by reason of a study made of his books. I have occupied a few leisure hours in writing the present synopsis for the New Year number of the TIMES. This to show the nature of the work done, and being done by this gentleman.

If the TIMES AND REGISTER can succeed in arousing a taste in the medical profession for what is commonly, but unjustly, considered speculative thinking, it will accomplish one of the needed works of the age and do more to lift itself and the profession than by any other direction of effort it could assume.

THE lasting debt owed this gentleman through his efforts and services in establishing the Medico-Chirurgical College and Hospital, is incalculably increased by the course of philosophical investigations originating with him, and which he delivers yearly to the great benefit of the large classes that crowd his lectures. It is needless to add any argument tending to demonstration of the importance of his work; it speaks for itself; so forcibly as to be self-evident.

The constant influence Dr. Garretson's teachings have upon the mental standard of his pupils is one of the best illustrations to be offered.

No matter what the grade of the individual intelligence, contact with this master elevates it.

Much of his college labor has been to remould the force of the well founded charge of empiricism, directed against the healing art.

Far reaching generalizations supersede the mere statement of bald isolated facts. This building principles from individual facts, a philosophical procedure in itself is a precursor to the study of Philosophy in its broader aspects; from physics to ontology.

But a short hearing is sufficient to demonstrate that he possesses the key to the subject; in the ability of first seizing the hearer's attention. The listener is self commanded to an absorption in the matter under consideration.

From axiomatic statement one is led step by step into the most complex ontological research. So skillfully is this done, that one never loses his grasp of the subject in its circular relation.

We are not called upon to subscribe to the doctrines of any particular school or to doctorm to any individual method.

Prof. Garretson recognizes, and tacitly teaches that all systems are built upon a truth, or at least, a part of a truth. Conversely that all contain a greater or less degree of error, when formulated into a system.

It will be found his work culls from each the element of truth contained in it and exposes the fallacy, or error, which lies beside it.

The continuous chain from Thales to Spencer has the gold extracted from each link and the alloy is cast aside.

So well is this done, that do we interpret the teacher properly, one finds no incongruity in the essences of Scholasticism and the teachings of Des Cartes, or of an evolutionist. This philosophy, which should be a sphere is a many sided polygon, and one is gratified to find how many of the facets are in reality alike

While one may judge of a whole by its parts; this cannot be done comprehensively until all the parts are seen.

We see from this, that it is safer to defer opinion or decision as to these teachings until the entire schema has been unfolded.

One may do this in the full assurance that his present religious belief, be it what it may, will in no way have any disturbance of its fundamental basis.

No matter what its form, Buddhist or Jew, Brahman or Christian, he will but find his belief placed upon a higher plane. He will find moreover, philosophy to be *sister* to religion. As expounded by this teacher, is even in accord with much, of the theological teaching.

It surely must be a source of gratification to find that a matter faith, may be made a matter of reason.

Granted, that neither faith nor reason can give us anything higher than a system of ethics; (that is in material sense) it adds stability to such a system when evolved from active forces within each. Those founded upon faith alone, are in constant danger; from the exercise of misdirected reason. Dr. Garretson brings here a reconciliation of vital importance. The altruism of tradition is made the altruism of Reason. This in itself is sufficient to produce general endorsement of any system.

Students in scientific matters need be doubly cautious in the hasty formation of pronounced opinions.

In the pursuit of facts, rather the recording of phenomena, necessary in such studies they are apt, prone to overlook or ignore the broader bearing of the knowledge they thus attain. The old adage, "given four doctors, we have three atheists," is a miserable reflection as to the depth of study of these three.

If this school can, or does do *anything* it is this: those who follow it throughout, from beginning to end, cannot be atheists;

save they be asses ! Are they pantheists? To this we may answer : Define a pantheist ; and, wherein does he differ from the deist or transcendentalist ; for that matter how from a Christian?

We are too prone to quarrel about names, before having them accurately defined. Analyze many of these titles and find how closely they resemble the true definition of philosopher.

It cannot be too strongly emphasized that any student may safely follow Prof. Garretson in the full assurance that he will hear nothing which can make a rational being either atheist or materialist as this latter term is generally understood.

Metaphysics will be brought from the clouds and applied to man's practical needs.

The mazes of the Platonic labyrinth are formed into a clear passage for the exposure of weakness and fallacies.

What seems abstract from the mouth of Socrates becomes directness here. Further, we are left with *answers*. Whatever doubt there be ? is with, the listener.

The Stoics and Neo Platonists, have sifted from them their real force, and their fallacies left behind ; as they left those of their predecessors.

Gnostics and Mystics contribute their portions to lift us beyond gross materiality.

Even the endless rhetorical disputes of the scholastic are made to yield fruit.

The era of the Reformation has its rain of reason distilled into the pure water of applicable truth

What more can we ask ? unless it be what is already given, a brake to apply to the often hasty conclusions of these days of general scepticism. How can a service be overrated ? which is substantially the teaching of pupils the laws of sufficient evidence ; and who will under-rate it ?

In the following of scientific matters the force of generalization is too often lost to sight. To this Dr. Garretson forcibly calls our attention.

His system (this, however, is misleading, his system is all systems), his individual method leads rather to idealism. Even with this, there is demonstrated more than resemblance between the doctrines of Hume and Berkeley, and those of Berkeley and Spinoza.

There is, must be a common ground upon which all contending opinions may meet, in the hope of reconciliation. Some common basis of belief must be possible. One is offered by this school, which should suffice.

It is the couplet, "a thing is to be the sense that uses it what to that sense it seems to be." What man can logically refute it ? Be he Brahman or pantheist, Agnostic or Christian it is seen to be the common tool of either.

The unfolding of the doctrine of the eternal now, is ripe with suggestiveness and full of force for application to ethics. Reflect much and deeply upon the idea of the circle of eternity, and it gathers vigor in proportion as we grasp the significance of it.

Let the Cosmologist use this view, and Flammarions are antedated. Fiske's cosmic philosophy is in this particular led to a further point. Its suggestiveness to Empedocles will serve to demonstrate the depth of thought reached by that remarkable man.

Equally suggestive the distinction between soul and mind. This is of vital importance to all who have even a passing interest in the study of psychology. More important, if possible, to those who have a system of theology as a basis of moral action. The latter class should find delight in the idea represented in the vision of the three lilies. Ethically no more beautiful illustration can be found.

One suspects here that the learned doctor must have a half suppressed inclination to the writing of poetry, and regrets also, that it is not done to perpetuate, such a pregnant thought.

Our reason satisfied, and we are not yet done with the matter We must view his published writings. Are we susceptible to the charms of a literary style ? Here is a distinctive one. Many of the word pictures in their graceful expression would do honor to Ruskin. Much of the force of independent thought and expression to Emerson.

The faculty of sinking the language, rather transposing it into that of past ages, and we are reminded of the neglected Landor. In the delicate expression of the higher emotions, in the poetry of feeling, he at times rises above

Holmes. Cary is no more able an interpreter of the style of Plato than is he. Add to this a comprehensive grasp of the body and spirit of the teachings of three thousand years, and is there not here an author, well, well, worth the pleasure of studying?

They must be blind! who cannot see in the "John Darby" series a permanent addition to American literature and philosophy. HENRY BURCHARD, M.D.

The too frequent misinterpretation of Prof. Garretson's doctrines has led the present writer into the playing of Scholastic. This article is written under impulse, in the hope that it will satisfy the theological readers that the doctor is one of the most reverential members of the great body of religionists. No one can in his views, be farther removed from irreligion or gross scepticism. Again the admonition, read hear and digest before judging the source.

Notes.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION.—The first annual meeting of this Association was held in the Grand Hotel, Cincinnati, on Monday, December 4, 1893, and steps were taken in the direction of active, routine work. The by-laws and rules were revised and amended, while the name was modified in accordance with a demand from medical publishers of a general nature who desired to become members of the Association. The active co-operation of every medical publisher is earnestly solicited. Next meeting in Washington, D. C., September, 1894. Officers: President, Dr. Landon B. Edwards, Richmond, Virginia; Vice President, Dr. J. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr. New York City. For application blanks and copies of the Articles of Association, address,

CHARLES WOOD FASSETT, Secretary, Corner Sixth and Charles, St. Joseph, Mo.

HOW ARE THE MIGHTY FALLEN.—The Washington Post says the Sanitarium at the head of Fourteenth street, operated by the only great "(Retired)," has passed into the hands of a syndicate who will henceforth operate it as a "jag cure."—*Medical Age*.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

FRANK S. PARSONS, M. D.,

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PHILADELPHIA, DECEMBER 30, 1893.

THE NEW YEAR.

THE season has arrived in which it is fitting that we should express to our fellow beings, and especially those of the medical profession, our congratulations and best wishes for future prosperity.

While the division of time into years is but an arbitrary one, necessary, to be sure, for the proper adjustment of relative seasons to the needs of men, yet, the old merges into the new with the same subtilty and stillness that is obvious during the interchange from new to old. However, there is always a mixed feeling, during this season, of accomplishment and rest at the thought of our sepa-

ration from the old year, and also, of renewed energy for the work to be undertaken with the new.

The past year has been one of peculiar trials to the vast majority of the population of the United States, and doubtless there is no profession that will feel the burden we have been called upon to bear more than the medical fraternity. This we have observed in many ways during the past few months, and for this reason the *TIMES AND REGISTER* has placed itself in a position to heartily wish each and every member of our noble profession a Happy New Year, and to express these congratulations in a very substantial manner.

It has been said that each year brings around its changes, and this is true when we compare the years as a whole; but in reality, the changes are continual; infinitely so. Matter is never at rest, and it is this change of matter that enables us to count the years, and other divisions of time, down to the minutest detail. This may be considered the essence of perpetual motion.

There is never a moment that stops to rest,
Or other time than *now*.

Or, as Longfellow puts it :

"There is no death.
What seems so is transition."

To many these scenes of joyous festivities, we have recently passed through, have been but added bitterness to a cup of woe. How many poor families, who in other years have been accustomed to comfort and delight at the approach of the holiday season, now barely are able to maintain soul and body together, to say nothing of the disappointment to their children for whom this season has peculiar charms?

To such we extend our sincere sympathy and trust the new year may bring them out of their adversities.

It is to be commended that some of

our cities have taken upon themselves the task of supplying work to these unfortunates. While a dollar a day is small wages, yet it will keep the average man from starvation and crime, and is far cheaper to the government than the support of such in poor-houses or prisons.

Fortunately for the community at large, unfortunately, perhaps, for the pocket of the practitioner of medicine, the health of the country, up to within a few weeks, has been remarkably good this past year. This is, in a great measure, undoubtedly due to the untiring energy of our quarantine officers.

While we would not have it otherwise, yet, it is an undeniable fact that there is no profession in the world that works so energetically to their own hurt, from a pecuniary point of view, and delights itself in the task, as the medical profession. We are continually devising some method, not to prolong sickness, not to induce ill health, but to cure and prevent disease as rapidly and completely as possible.

So, as we close the old year, let us go forward into the new with an energetic determination to elevate our profession by individual acts, personal kindness and unremitting charity for our suffering fellow-beings.

—F. S. P.

THE TIMES AND REGISTER FOR
1894

MANY of our readers have doubtless been much interested, at least pecuniarily so, in the recent offers of the *TIMES AND REGISTER* to supply this medical weekly for the year 1894, at the exceptionally small price of one dollar.

Our success during these hard times in meeting the financial condition of the country with a corresponding depression in the price of the *TIMES AND REGISTER* has led us to make the bold move of establishing a first-class medical weekly at

a permanent subscription RATE of *one dollar a year*.

We believe that the time has come when the best interests of our profession will be served, so far as medical journalism is concerned, by placing in the path of every practitioner of medicine, a weekly periodical within the financial reach of everyone. Not only this, but, we believe, the time has come when there is a demand from the profession for a scientific weekly, edited abreast the progress of medicine, and founded upon the same basis of all successful journals, viz.: the latest and most practical literature at the minimum cost to the subscriber.

This the TIMES AND REGISTER proposes to accomplish during the year 1894.

To place this journal on a paying basis at a reduced price there must necessarily be some minor changes made in the style of its component parts. We wish to assure our readers, however, that this will be in no way detrimental to the TIMES AND REGISTER as a scientific production; indeed, we intend to better it if anything.

We shall spare no energy in making the TIMES AND REGISTER for 1894, a journal containing the best selections and contributions from home and foreign countries. We expect our original columns to contain short articles to the point, rather than long ones to fill space. Lengthy articles will be printed only in abstract.

We are pleased to announce that under the various departments of medical literature in the TIMES AND REGISTER. We have placed the following gentlemen who have consented to supply us with the most recent material under their respective specialities: Dr. Thomas H. Manley, of New York, for Surgery; Dr. J. A. Tenney, of Boston, for Ophthalmology; Dr. E. W. Bing, of Chester, Pa., for French literature; Dr. Ad. Meyer, of

Kankakee, Ill., for German literature.

Dr. William F. Waugh, now of Chicago, will continue the arduous management of the department under the head of "Bureau of Information," a specialty of this journal which has been greatly appreciated by many of our subscribers in the past.

The other departments not specifically announced will be maintained under the direct supervision of the editor who will be pleased to receive any communications of value to the medical profession at large.

In the Prescription department the editor proposes to adopt the metric system of weights and measures, believing that thereby he is forwarding the best interests of science by conforming to the simplest system of prescription writing, and the recent departure of the last edition of the United States Pharmacopeia.

This, at first, may be confusing to the older practitioners who have become so accustomed to the English system, but, we believe, the easiest way to adopt the new system is to break away entirely from the old, and learn the dose table according to the metric measures.

The reduction of price for this journal necessitates all subscriptions to be paid *in advance*; hence, soon after the first of the year all subscribers in arrears for the TIMES AND REGISTER will find their journal discontinued after due notice from us, unless their cash renewal has been received in the meantime.

This is a business policy which becomes obvious to all our readers. See that your subscriptions are paid at once in advance and thereby save us much trouble.

—F. S. P.

Send one dollar now for TIMES AND REGISTER for one year.

THE DEATH OF LEON LE FORT.

During the past year that ceaseless, remorseless reaper, death, has cut a wide swathe in the ranks of the medical profession of France, and among the many who have fallen, are numbered several of those, who by their labors, profound studies and researches have aided that nation in maintaining her pre-eminence as one of, if not the foremost as a leader and teacher of medical science. Among the first to fall, within the year 1893 was the indomitable Peter, who by his own, unaided efforts and an unconquerable will passed on to the very highest place in his profession. He was soon followed by the grand and haughty Charcot, to whom the whole professional world owes a tribute, as one who raised the study of neurology from the enforced chaotic state, in which he found it, to the dignity of a science and a specialty. But, scarcely had the echoes faded which brought the news of Charcot's demise, when we are startled by the death of one of the most noted French surgeons of his time.

Leon Le Fort was born on the 2d of November 1829. In 1848, or when he was nineteen years old, he commenced his professional education in the military hospital of Lille, his native city. In 1850 he came to Paris. Here he distinguished himself by his remarkable contribution on the minute anatomy of the lungs, and was soon made external and internal Laureate. Among his noted teachers in Paris, may be mentioned Langin Melgaique, Banthez, Denouvillers, Grisolle, Jobert Adolph Richard and many other eminent figures. Scarcely had his career commenced in civil life when the war broke out between France and Italy. He at once offered his services to the government, and was attached to an army corps, which was engaged in the hottest of that remarkable campaign. In 1865 he was made professor agrégés and visiting

surgeon to the hospitals of Paris. In 1873 he was called by the faculty of Paris to succeed the late brilliant Denouvillers. In 1884 he discontinued his lectures in the college and lectured only at his clinics, just before this he was elected to the Academy of Medicine. To trace in detail the career of Le Fort and attempt to enumerate the vast extent of the domain in medicine, in which he had distinguished himself would indeed be a tedious task; though it may be said, that he was recognized as our authority in all the sciences cognate to the healing art; and an erudite and eloquent lecturer, a distinguished academician, a precise and elegant operator; a most accomplished surgeon, hygienist; and, withall, a high-minded, public spirited citizen. He was a prolific contributor to the current medical literature of his time; particularly in the *Bulletin of the Academy of Medicine*, the *Annals of Surgery* and the Encyclopedic dictionary of the medical sciences. He made many voyages and visits to other countries, to gather knowledge; to England, Holland, Russia and other countries. During the Schleswick-Holsteian war he went to the front and remained many months, studying the numberless systems of the Germans. In the Franco-Prussian war he was among the first to organize an ambulance corps and joined the combatants. On the 12th of July, 1882, he was named a chevalier of the Legion of Honor, for his distinguished and meritorious services, through that war, which ended so disastrously for his country.

"Truth in Science and Morality in Art" was his watch-word, and no one knew this honored member of our craft who did not bear for him their highest consideration and their fullest confidence. Over the grave at *Pere la Chaise* Baron Larry delivered the funeral oration, and amid the tears and profound grief of his many colleagues, the mortal remains of

this eminent warrior and surgeon were placed in their final resting place.

T. H. M.

INTUBATION AND TRACHEOTOMY.

In September, 1833, Trousseau reported twenty-one cases of croup treated by tracheotomy, of these seven recovered. Five successes were in the practice of Brettonsau, one of Boullard's and one of his own, 23.8 successes.

Trousseau's successful case was in a boy in his seventh year who had diphtheria. Up to this time there had been no effort made in a general way to save life, by any sort of a current surgical operation. But by the great influence of Trousseau who was a noted authority in his time the operation of tracheotomy was revived and for the first time we had the non-oxidizable bronchial tube for canalizing purposes.

But tracheotomy was never regarded with much favor by the profession in the laryngeal stenosis of children. The mortality attending it was always very great, principally for two reasons.

First, because it was not resorted to until the patient was in extremis; and secondly, because of the great difficulty and danger in the operation itself; for a tracheotomy in an infant is always a formidable operation. By the marvellous invention of O'Dwyer the operation of tracheotomy has become nearly obsolete in young children, and on the whole for very many reasons too numerous to detail at present it should, in the vast majority of cases, be preferred. It won't cure every case; but it appears that in all it will relieve that agonizing asphyxia so terrible to behold in fatal cases of croup.

The last contribution which we have on the subject of intubation is from the pen of Dr. Richard J. Stanton, of New York. Dr. Stanton is well known as a

most skillful and judicious operator of all lesions of the larynx, and hence, why his almost unparalleled successes. He has had seventy intubations in thirteen years (*New York Med. Journal*, Nov. 25, 1893, Intubations, etc.,) of which forty-six died leaving successes 34.3 per cent. Maxan of Chicago, has had 466 cases with a recovery of 34½ per cent. McWaughton and Madden, of Brooklyn, have collected 5546 cases of intubation 30.5 recoveries. In 2417 tracheotomies 586 cases recovered or 24.2 per cent. about the same as Trousseau had sixty years ago. Thus it seems America again takes the lead in competition to the mechanical therapy of one of the commonest and most dreadful of all human afflictions, why therefore should we hesitate hereafter to render to poor helpless babies the prompt and radical relief which is always afforded by intubation.

T. H. M.

Annotations.

SHOULD THE PRACTITIONER SUPPLY HIS OWN MEDICINE.

IN reply to this query it must be said that, in the present state of medical affairs, as a general rule, in a vicinity amply supplied with competent pharmacists, the practitioner has no right to compound or to carry drugs to dispense with his own hand to the patient.

Holy Writ says that "the laborer is worthy of his hire." And so is the trained, qualified pharmacist. Pharmacy and medical practice, while a close affinity subsists between them, are separate and independent branches of the healing art.

The physician in a large city, who carries and dispenses medicines, by that act loses caste, he does an injustice to his patient, and appropriates to himself what justly belongs to the druggist who depends largely on prescriptions for his support.

It is alleged that the physician saves the patient the expense of prescriptions

and so retains him. But the fact is he fails in both. In very many cases he might as well dose his patients with fragments of chips, pebbles or other inert substances as to give him the stale, petrified tablets, which, with time, have lost their potency. His patient has no respect for the preacher-practitioner combination, nor has he any enduring faith in the walking apothecary shop, hence, when he is really seriously ill he will pay only for the straight article

"Let the shoemaker stick to his last" is an old and true saying. If we would stop counter-prescribing, the pharmaceutical treatment of gonorrhœa and amenorrhœal (?) troubles, then we must give to the honest pharmacist what justly belongs to him. Pharmacists as a class are appreciative, and no physician ever patronized one and was not repaid two-fold. What we have said does not apply to the country practitioner, nor to the use of emergency drugs for night practice.—

—*Medical and Surgical Reporter.*

Another Use for the Onion.—A very convenient mucilage can be made of onion juice by anyone who wishes to use it. A good-sized Spanish onion, after being boiled a short time, will yield, on being pressed, quite a large quantity of adhesive fluid. This is used quite extensively in various trades for pasting paper onto tin or zinc, or even glass, and the tenacity with which it holds would surprise anyone on making the first attempt. It is the cheapest and best mucilage for such purposes, and answers just as well as many of the more costly and patent cements. Some of the cements sold by street fakirs at ten cents a bottle, consist of nothing but onion juice and water, and the bottle and cork cost a great deal more than the contents.—*Pacific Health Journal.*

To Abort Furuncles.—A recent French author claims that boric acid injected in five grain doses three times daily will abort boils.—*Medical Age.*

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Book Notes.

Books and pamphlets received :

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY AT THE ONE HUNDRED AND SECOND ANNIVERSARY, 1893.

HYSTERECTOMY BY A NEW METHOD. WHICH IS SIMPLE, SAFE, BLOODLESS, AND ENTIRELY OBVIATES THE NECESSITY OF EITHER CLAMP, CAUTERY, OR LIGATURE. By E. H. Pratt, M. D., LL.D., Chicago. Reprinted from the *Journal of Official Surgery*, July, 1893.

TRANSACTIONS OF THE AMERICAN OTOLOGICAL SOCIETY AT THE TWENTY-SIXTH ANNUAL MEETING, 1893.

FIFTH ANNUAL REPORT OF THE HEALTH DEPARTMENT, OF THE CITY OF MANSFIELD, OHIO.

MEDICINE AS A CAREER FOR EDUCATED MEN. By W. W. Keen, M. D., LL.D., of Philadelphia.

MOVABLE KIDNEY; WITH A REPORT OF CASES TREATED BY NEPHRORRHAPHY. By George M. Edebohls, A. M., M. D. Reprinted from the *American Journal of the Medical Sciences*.

A NEW PATHOLOGY AND TREATMENT OF NERVOUS CATARRH. By Seth Scott Bishop, M. D., Chicago. Reprinted from the *Journal of the American Medical Association*.

HORSE-HAIR IN MINOR SURGERY. By C. O. Thompson, Ph. G., M. D. Reprinted from the *Boston Medical and Surgical Journal*.

Progressive Appreciation.—The simple fact that any one article of daily use should be so thoroughly endorsed and commended as the disinfectant known so universally as Platt's Chlorides, speaks volumes in its praise.

Many, yes, very many, physicians of world-wide reputation have given their names in endorsement of this very worthy preparation, who never before or since have conferred a like tribute on any article.

The following from an eminent, but conservative, physician of Philadelphia is an instance:—

"I have used Platt's Chlorides for so long a time, that I have forgotten my earliest use of the preparation, and each time with renewed confidence in its merits. It is indispensable in the sick-room, and without a rival."

OLIVER P. REX, M. D.

1611 RACE ST., PHILADELPHIA.

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